DEPT. 65

JOB- 13

REEL- 54

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

VP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—1-10-21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94019

CERTIFICATE OF DEATH.

90 D 94019

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1417 E. Federal ST., 9-7 (WARD)

2-FULL NAME Charles F. Knierim

(a) RESIDENCE NO. 1417 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E Knierim

6 DATE OF BIRTH (month, day, and year) April 15 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER H. Knierim

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Lost Knaut

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Ida E Knierim

(Address) 1417 E. Federal st

15 Filed ..... 19 ..... Registrar

JUN 13 1925 ROBERT F. HANNEGAN Clerk Circuit Court

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1925

17 I HEREBY CERTIFY, That I attended deceased from May 24 to Jan 10 1925, that I last saw him alive on Jan 10 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Organic Heart disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? ~ Date of ~

Was there an autopsy? ~

What test confirmed diagnosis? ~

(Signed) F. X. Dorsey M. D.

6/10/25 (Address) 2900 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan. 13 1925

20 UNDERTAKER ADDRESS

Geo. J. Ruth 1735 Harford Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94020

CERTIFICATE OF DEATH.

31 D 94020

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 71 WARD)

2-FULL NAME Ida Feldstein

(a) RESIDENCE NO. 826 N. Broadway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 20 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Israel Feldstein

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sam Tarited

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant ..... (Address) .....

15 Filed ....., 19 ... Burial Permit Issued Registrar

JOSEPH H. KRAUSER
JAN 13 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1924 to Jan. 12, 1925, that I last saw h[illegible] alive on Jan. 12, 1925, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) ... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Exophthalmic goitre

(duration) 4 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical & Lab.

(Signed) Isidore S. Levy, M. D.

Jan. 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rensen Woodmen on C[illegible] — DATE OF BURIAL: 1/13 19 25

20 UNDERTAKER Jack Lewis — ADDRESS 1409 E Baltimore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94021

CERTIFICATE OF DEATH.

D 94021

1-PLACE OF DEATH 508 N. Belnord Ave. 73 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Hinke

(a) RESIDENCE NO. 508 N. Belnord Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 6 - 1924

7 AGE Years Months 5 Days 6 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Hinke

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Matilda Paulson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Joseph Hinke
(Address) 508 E. N. Belnord ave.

15 Filed JAN 13 1925 19... JOSEPH R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1925, to Jan. 12, 1925.
That I last saw ~~him~~ alive on Jan. 12, 1925,
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:
Pneumonia (Broncho)

(duration) ? yrs. mos da.
CONTRIBUTORY (Secondary) Whooping cough
(duration) yrs. 1 mos. 14 da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) L. C. Dolibal, M. D.
19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Jan 14 1925

20 UNDERTAKER: Jas C. Miller & Son ADDRESS: 2334 Jeffer...

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1773 33 D 94022

CERTIFICATE OF DEATH.

51 D 94022

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14-2 ST., 14 WARD)

2-FULL NAME Sarah Day

(a) RESIDENCE NO. 1613 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22, 1892

7 AGE — Years: 32 — Months: 5 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Selma N C.

PARENTS

10 NAME OF FATHER: Frank Hockaday

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Emily Baxter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Records (Address): JOHNS HOPKINS HOSPITAL

15 Filed JAN 13 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1924, to Jan 9, 1925, that I last saw h[illegible] alive on Jan 9, 1925, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic fever

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1613 Madison Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19. (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Selma N.C. — DATE OF BURIAL: 1/13 19 25

20 UNDERTAKER: Samuel T. Hensley — ADDRESS: 78 Biddle

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94023

REGISTERED NO. 51 D 94023

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 17-1 WARD)

2-FULL NAME Adolphus Williams

(a) RESIDENCE No. 1243 Shields alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Trinidad Islands B. W. I.

PARENTS

10 NAME OF FATHER Adolphus Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Municipal Hospital Records (Address)

15 JAN 13 1925 ROBERT B. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-10 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-1 1925 to 1-10 1925; that I last saw him alive on 1-9 1925; and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis & Myocarditis; Auricular Fibrillation, Myocardial Insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Not

(Signed) Claude G. Dorsey, M. D.

1-11-1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	1/14 1925
20 UNDERTAKER Samuel H. Brusley	ADDRESS W. Balto

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94024

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94024

CERTIFICATE OF DEATH.

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 413 S. East Ave. St., 26 Ward)

2-FULL NAME..... George M. Burton

(a) Residence No..... 413 S. East Ave. St., 26 Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret A. Burton

6-DATE OF BIRTH (month, day and year) 1845

7-AGE, 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Philip Burton

11-BIRTHPLACE OF FATHER (city or town)..... Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... Md.
(State or Country),

14- (Informant)..... Margaret A. Burton

(Address)..... 413 S. East Ave.

15- Filed JAN 13 1925 Robert F. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 11-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1925 to Jan 11 1925

that I last saw h... alive on Jan 10 1925

and that death occurred, on the date stated above, at 5.48 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tatum M. D.

1/12, 1925 (Address) 317 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL, Jan. 14 1925

20-UNDERTAKER, Lilly & Zeske ADDRESS 403 S. Wolfe St.

Burial Permit Clerk

CAUTION—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94025

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94025

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2771 Hudson St. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Catherine Mueller.

(a) Residence No. 2771 Hudson St. St., ... Ward.....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Mueller

6-DATE OF BIRTH (month, day and year) Dec. 20-1890

7-AGE. 34 yrs. 0 mos. 21 ds. If LESS than 1 day, ...hrs or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto.
(State or Country)..... Md.

PARENTS.

10-NAME OF FATHER, John Ackermann.

11-BIRTHPLACE OF FATHER (city or town)..... Balto.
(State or Country)..... Md.

12-MAIDEN NAME OF MOTHER, Anna Weidner

13-BIRTHPLACE OF MOTHER (city or town)..... Balto.
(State or Country)..... Md.

14- (Informant)..... Matthew Mueller.

(Address)..... 2771 Hudson St.

15- Filed..... 192.... Registrar.

JAN 13 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 10-1925

I HEREBY CERTIFY, That I attended deceased from Jan 1 1925 to Jan 10 1925

that I last saw h.. alive on Jan 10 1925

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace E. Sutton M. D.

1/12, 1925 (Address) 315 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Sacred Heart Cem. DATE OF BURIAL, Jan. 14, 19..

20-UNDERTAKER. Filly & Zuke. ADDRESS 403 S. Wolfe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94026

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94026

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. Eye, Ear & Throat Hospital ST.; 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Wiley Lancaster

(a) RESIDENCE. No. 1802 E. Monument ST., WARD. Vanceboro N. C.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Maggie Lancaster

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

8 OCCUPATION OF DECEASED Farmer

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Vanceboro, North Carolina

PARENTS

10 NAME OF FATHER William Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vanceboro, N. C.

12 MAIDEN NAME OF MOTHER Miss Casey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Craven Co, N. C.

14 Informant Swode K. Lancaster

(Address)

15 Filed JAN 13 1925, 19 Robert T. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1925, to Jan. 12, 1925, that I last saw him alive on Jan. 12, 1925, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Jan. 12, 1925

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) J. A. H. Pfeiffer, M. D.

. 19 (Address) Balt. Eye, Ear & Throat Hospital 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Vanceboro N. C.	Jan 13 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 North ave.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dr Miller, Bray and Elmer

Spec—12-23-21—E.R.R.S.—400 Bks.

D 94027 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94027

CERTIFICATE OF DEATH.

129

9-5

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1920 Kennedy ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. August F Kuntzman

(a) Residence No. 1920 Kennedy ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	W.	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Helen C Kuntzman

6-DATE OF BIRTH (month, day and year) Nov 2, 1854

7-AGE. 70 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer ?

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, George Kuntzman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Johanna (Unknown)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) George W Williams

(Address) 1920 Kennedy ave

15- Filed JAN 13 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11 1925

17- I HEREBY CERTIFY, That I attended deceased from 12-28 19.24 to 1/11 19.25

that I last saw him alive on 1-11 19.25

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) 3 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller M. D.

, 19 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore DATE OF BURIAL. Jan 14 1925

20-UNDERTAKER. W. Cook ADDRESS 502 E Lanvale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94028

D 94028

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 W. Lexington ST., 4-1 WARD)

2-FULL NAME Mrs. D Spearman

(a) RESIDENCE NO 751 W Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 9, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Penna
(State or country)

PARENTS

10 NAME OF FATHER Elias Spearman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Bolis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mary Spearman
(Address) 905 E Preston St

15 Filed ..... 192 ..... Registrar

Robert P. Harrison,
JAN 13 1925
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction Due to Strangulation Ca

(duration) yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Accidental Turning over 2 days Hernia

(duration) yrs. ... mos. ... ds.

(Signed) H K Tomes, M. D.
(Coroner.)

1-13-, 1925 (Address) 111 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Jan 14 1925
20 UNDERTAKER Wilson Cook Co	ADDRESS E Lexington

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of date TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

2531 Edmondson Ave

D 94029

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 W Lanvale ST., 16-3 WARD)

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude May Hayes

(a) RESIDENCE No. 2807 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James

6 DATE OF BIRTH (month, day, and year) Aug 23 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middlesex Co. Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lanvale Hayes (Address) 2807 W Lanvale

15 Filed ....., 19 .... Registrar

Robert P. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1922, to January 12, 1925, that I last saw her alive on December 23, 1924, and that death occurred, on the date stated above, at 3:45 A. m.

The CAUSE OF DEATH* was as follows:

organic heart disease

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs

(Signed) Chester Riland, M. D.

1-12, 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Jan. 15 1925
20 UNDERTAKER	ADDRESS
Wm Cook	501 E Fayette

Spec.—1-10-21—M&T—1500 Blks.

D 94030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94030

161-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 11-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boker # 1 twin.

(a) RESIDENCE No. 1210 McCulloh ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs. or 32 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md Provident Hospital

PARENTS

10 NAME OF FATHER Wayland Boker

11 BIRTHPLACE OF FATHER (city or town) (State or country) So Carolina

12 MAIDEN NAME OF MOTHER Lillian Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) So Carolina

14 Informant Lillian Boker

(Address) 1210 McCulloh St.

15 Filed JAN 13 1925, 19 .....

Registrar

Robert P. Garrison, Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1925, to Jan 8, 1925, that I last saw h[illegible] alive on Jan 8, 1925, and that death occurred, on the date stated above, at 11-40 A M

The CAUSE OF DEATH* was as follows:

Premature birth

32 minutes (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Twin birth (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

1-11, 19 25 (Address) 703 E Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: JAN 12, 1925

20 UNDERTAKER [illegible] Per. Wm. E. WOODALL

ADDRESS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94031

CERTIFICATE OF DEATH.

D 94031

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 11-1 Ward)

REGISTERED NO. 161-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boyer # 2 twin

(a) RESIDENCE No. 1210 McCulloh St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or 37 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country) Provident Hospital

PARENTS

10 NAME OF FATHER Wayland Boyer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) So Carolina

12 MAIDEN NAME OF MOTHER Lillian Floyd

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) So Carolina

14 Informant Lillian Boyer
(Address) 1210 McCulloh St.

15 Filed . 19 Robert P. Harrison Registrar

Burial 10030 Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1925, to Jan 8, 1926.

that I last saw him alive on Jan 8, 1926.

and that death occurred, on the date stated above, at 12:05 A m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Twin birth 6 mos

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theo Woodruff, M. D.

Jan 11, 1926 (Address) 706 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL JAN 12, 1926

UNDERTAKER City Director Health,

per Wm E. McCall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

420

Spec.—1-10-21—M&T—1500 Blks.

D 94032

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94032

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 N. Ellwood Av ST., 6-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes O'Connell

(a) RESIDENCE NO. 13 N. Ellwood ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10 1924

7 AGE Years 10 Months 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Maurice O'Connell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Maurice O'Connell.
(Address) 13 N. Ellwood Ave.

15 Filed JAN 13 1925, By Robert P. Harrison, Registrar
Burial Permit Clerk.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1924, to Jan 13 — 1925, that I last saw h alive on Jan 12 — 1925 and that death occurred, on the date stated above, at 3.40 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (duration) mos 21 ds.

CONTRIBUTORY (Secondary) Whooping Cough (duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) Louis Vogel M. D.
1/13 1925 (Address) 1618 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 14 1925

20 UNDERTAKER: Jos. J. Dell — ADDRESS: 156 N. Luzerne

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94033

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94033

CERTIFICATE OF DEATH.

15-1353

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Stricker ST. 15 WARD)

2-FULL NAME Martha A. Tilghman,

(a) RESIDENCE No. 1319 N. Stricker ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hezekiah Tilghman.

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic at home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

PARENTS

10 NAME OF FATHER George Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Maria Toogood.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co., Md.

14 Informant Martha A. Ceaser, (Address) 1319 N. Stricker St.

15 Filed JAN 13 1925 Robert P. Harrison, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1924 to Jan. 11, 1925. that I last saw h or alive on Jan. 10, 1925, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Pyemia with Metastatic Abscesses.

(duration) yrs. 2 mos 15 ds.

CONTRIBUTORY (Secondary) Acute Septic Endocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical.

(Signed) Harry F. Brown, M. D.

Jan 12 1925 (Address) 1501 Presstman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 13 1925

20 UNDERTAKER Mrs. J. H. Dennis ADDRESS 1303 Presstman St

Rev. J. E. Nelson.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94034

CERTIFICATE OF DEATH.

D 94034

1-PLACE OF DEATH

City of BALTIMORE: (No. 520 Scott Street St., 21-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John W. Thompson

(a) Residence No. 520 Scott Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 8, 1870

7-AGE, 54 yrs. 11 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Woodworker

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Rider & Solomon

9-BIRTHPLACE (city or town)... Howard County
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles R. Thompson

11-BIRTHPLACE OF FATHER (city or town) Howard County
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Susan Gaither

13-BIRTHPLACE OF MOTHER (city or town) Carroll County
(State or Country), Maryland

14- (Informant) Charles Thompson
(Address) Eldersburg, Maryland.

15- Filed JAN 13 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from January 3, 19 25 to Jan 13, 19 25 that I last saw him alive on Jan 12, 19 25 and that death occurred, on the date stated above, at 12.40 P. M. The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1-13, 19 25 (Address) 602 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Fields Cem. Pikesville Md. DATE OF BURIAL. Jan 15, 1925

20-UNDERTAKER. Joseph B. Cook ADDRESS 1003 N. Charles St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94035

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94035

CERTIFICATE OF DEATH.

21-2 101-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 616 Scott Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Edward Melvin Sr.

(a) Residence No. 616 Scott Street St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Melvin

6-DATE OF BIRTH (month, day and year) Nov. 10, 1857

7-AGE, 67 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheet Metal

(b) General nature of industry, business, or establishment in which employed (or employer) Worker

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore
(State or Country) Maryland

PARENTS.

10-NAME OF FATHER, George Franklin Melvin

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Georgeanna Fields

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country) Maryland

14- (Informant) John E. Melvin Jr.

(Address) 817 W. Barre Street

15- Filed ..... 192.. Robert P. Harrison
Burial Permit Clerk
Registrar.

JAN 3 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1924, to Jan. 12, 1925.

That I last saw him alive on Jan 11, 1925.

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mo. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Morley Stone M. D.

1-12-1925 (Address) 729 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Jan. 14 '25

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Stone ✓

D 94036

D 94036 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

19-2

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1433 W. Lombard St., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Stone,

(a) Residence No. 1433 W. Lombard St., St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Late John W. Stone

6-DATE OF BIRTH (month, day and year) Feb. 6, 1861

7-AGE,	If LESS than 1 day,
63 yrs. II mos. 6 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, James A. Swarbrick

11-BIRTHPLACE OF FATHER (city or town) England
(State or Country),

12-MAIDEN NAME OF MOTHER, Elizabeth Kahn

13-BIRTHPLACE OF MOTHER (city or town) Md.
(State or Country),

14-

(Informant)

(Address)

15-

Filed JAN 13 1925 19?

Robert P. Harrison,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1925 to Jan 12, 1925

that I last saw h.. alive on Jan 12, 1925

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) 40 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. P. Triplett M. D.

, 19 (Address) 1324 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Jan. 15 1925

20-UNDERTAKER Harry H. Nitzke

ADDRESS 1531 Lombard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94037

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94037

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3125 Wilkens Ave

City of BALTIMORE: (No. 3125 Wilkens Ave St., 20-2 Ward) Registered No. 44

2-FULL NAME... Elizabeth Kahl

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No... 3125 Wilkens Ave St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mo. 15 ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Wm L. Kahl

6-DATE OF BIRTH (month, day and year) Dec 25-1843

7-AGE.	If LESS than 1 day,
81 yrs. mos. 16 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Henry Lang

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Clifton C Kahl

(Address) 3125 Wilkens Ave

15- Filed ..... 192.....

JAN 13 1925

Robert P. Harrison, Registrar.

Trial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 19 24 to Jan 11 19 25

that I last saw h.. alive on Jan 11 19 25

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

Contributory

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Forrest Cemetery	Jan 15 19 25

20-UNDERTAKER.	ADDRESS
Harry S. Kuhls	1531 W Lombard St

WHITE CARD, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 94038

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94038

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Saint Agnes Hospital ST. (WARD) 101-001

REGISTERED NO. 1925-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Young.

(a) RESIDENCE No. 622 S. Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Young

6 DATE OF BIRTH (month, day, and year) Nov. 2nd 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer do not know

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wm. Young 622 S. Fulton Ave.
(Address)

15 Filed JAN 13 1925, 19 Robert F. [illegible] Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-25 19

17

I HEREBY CERTIFY, That I attended deceased from Jan 8, 19 25, to Jan 12, 19 25,

that I last saw h alive on Jan 12, 19 25,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Hypostatic

Contributory Bronchitis

(duration) yrs. mos 2 wks ds.

CONTRIBUTORY (Secondary) Bronchitis 4 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? , Date of Jan 9-25

Was there an autopsy? Yes

What test confirmed diagnosis? Pneumococcus

(Signed) [illegible], M. D.

, 19 (Address) 700 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	1-16-1925
20 UNDERTAKER Harry A. Witzke	ADDRESS 1934 W Lombard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CIRCUMSTANCES is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94039

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94039

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 312 (St.) W Baroline St (WARD) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Grahm

(a) RESIDENCE. NO. 1508 E Federal St WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE: Years 84 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Benjamin Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Elizabeth Hartigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs. Hall Young 243 W Lanvale St

15 Filed JAN 13 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1, 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 2 1925, to January 11 1925, that I last saw h Her alive on January 11 1925, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(duration) yrs. mos. ds.

Acute Bronchitis 8

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wallace A. Meyer, M. D.

19 25 (Address) 1021 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Jan. 14 1925

20 UNDERTAKER Martin Eichelberger & Son ADDRESS 1827-30 N. Ha

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec–12-23-21–E.B.R.S.–400 Bks.

D 94040

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94040

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE (No.) 1902 N Monroe St. (or Ward) 5th 17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Leist

(a) Residence No. 1902 N Monroe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the Word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1860

7-AGE. 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Potts Putty

PARENTS.

10-NAME OF FATHER Emerson Rinehart

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.

12-MAIDEN NAME OF MOTHER Mary Musselman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Mary A. Leist (Address) 1902 N. Monroe St.

15- Filed JAN 13 1925 192 Robert P. Harrison, Registrar. By Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 10 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1924 to January 10 1925

that I last saw h. alive on January 10 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arteric sclerosis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) — yrs. — mos. one ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

Signed Hallam F. Hellman M. D.

19 (Address) 6 East Biddle St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. June 12 1925

20-UNDERTAKER. Martin & Layton ADDRESS 1824 N Monroe

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94041

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94041

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp ST., 11-2 WARD)

2-FULL NAME Mrs Cora Baer

(a) RESIDENCE NO. Ellicott City ST., WARD Ellicott City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married-

5a If married, widowed, or divorced (or) WIFE of Joseph Baer

6 DATE OF BIRTH (month, day, and year) March 3, 1889

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
35	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife-

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Augusta Co. Va

PARENTS

10 NAME OF FATHER Robert Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va. .

12 MAIDEN NAME OF MOTHER Rebecca Thorpe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Joseph Baer (Address) Ellicott City-

15 Filed 19 19 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-13 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1924, to Jan-13, 1925, that I last saw her alive on Jan 13, 1925 and that death occurred, on the date stated above, at 7:47 P m.

The CAUSE OF DEATH* was as follows:

Unresolved Lobar Pneumonia

R & S.D.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia L. Left lung

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home -

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Clinical -

(Signed) Jno A Tomaselli, M. D.

, 19 (Address) 3 E Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Harvard Co	Jan 16 19 25
20 UNDERTAKER Easton Sons	ADDRESS Ellicott City

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU- TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

2604 W. Lanvale ave ✓

D 94042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93 D 94042

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-2 St., ... Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... George Kessler

(a) Residence No..... Preston & Caroline St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single, Married~~ Widowed, ~~or Divorced~~ (Write the word.) Widower

5a-~~If married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or)~~ ~~WIFE of~~ Margaret Kessler

6-DATE OF BIRTH (month, day and year) ~~May~~ 24th 1852

7-AGE, ~~Under 1 year~~ 4 15 If LESS than 1 day, ...hrs. or.....min.?
.....yrs.....mos.....ds.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)... Germany
(State or Country),

PARENTS.

10-NAME OF FATHER, Gottlieb Kessler

11-BIRTHPLACE OF FATHER (city or town)..... Germany
(State or Country)

12-MAIDEN NAME OF MOTHER, Elizabeth Lippel

13-BIRTHPLACE OF MOTHER (city or town)..... Germany
(State or Country)

14-
(Informant)..Sister F. Lorraine.....
(Address) Preston & Caroline Sts

15-
Filed ..... 1925 Robert F. Herrlich
Registrar

JAN 13 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jany 11/25

17- I HEREBY CERTIFY, That I attended deceased from Jany 11/25, 19..., to Jany 11, 19..., that I last saw h.. alive on Jany 11, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Rupture of varicose vein

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Nervous Exhaustion

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed): F. A. Warner, M. D.

17, 19..., (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL, Jan 14th 25, 19...

20-UNDERTAKER. J. B. Westphal ADDRESS 2236 Eutaw Pl

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Mc Cormack

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94043

CERTIFICATE OF DEATH.

REGISTERED NO. D 94043

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 25-3 WARD)

2-FULL NAME Robert Mc Cormack

(a) RESIDENCE NO. Arbutus Ave Halethorpe Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Jan. 13, 1925~~ June 15 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lewis County, N.Y.

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Robert Mc Cormack

(Address) Arbutus Ave. Halethorpe Md

15 Filed JAN 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1925, to Jan. 13th, 1925, that I last saw him alive on Jan. 12th, 1925, and that death occurred, on the date stated above, at 3.35 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J S Bracken, M. D.

, 19 (Address) St Agnes Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 14 1925

20 UNDERTAKER Edw Cook

ADDRESS Nor Ellwood Ave

NOTE—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Mary A King

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94044

D 94044

CERTIFICATE OF DEATH.

REGISTERED NO. 101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 410 S. Chester ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. King

(a) RESIDENCE. NO. 410 S. Chester ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1870

7 AGE: Years 54 Months 10 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hutzler Bros

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Stephen King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Brannock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Shields

(Address) 410 S. Chester St

15 Filed JAN 14 1925 19 RUSSELL R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12th 1925

17 I HEREBY CERTIFY, That I attended deceased from January 6th, 1925, to January 11th, 1925, that I last saw her alive on January 11th, 1925, and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) E. H. E. Townsend, M. D.

13, 1925 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fernbank Cemetery — DATE OF BURIAL: 1/14/1925

20 UNDERTAKER: J. G. Moran — ADDRESS 3000 E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94045

CERTIFICATE OF DEATH.

D 94045

1-PLACE OF DEATH

City of BALTIMORE: (No. 1332 N. Luzerne Ave. St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles H. Emmart

(a) Residence No. 1332 N. Luzerne ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Sept 12-1906

7-AGE, 18 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer): Department Store

(c) Name of employer:

9-BIRTHPLACE (city or town) Balto. (State or Country) Md.

PARENTS.

10-NAME OF FATHER, John W. Emmart

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country) Md.

12-MAIDEN NAME OF MOTHER, Nellie E. Weatherstine

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country) Md.

14- (Informant) John W. Emmart

(Address) 1332 N. Luzerne Ave

15-

Filed, 19

Registrar.

JAN 14 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 12 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 19 25 to Jan 12 19 25

That I last saw him alive on Jan 12 19 25

and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs

(Signed) W. E. Baker M. D.

(Address) Jan 13, 1925 1301 N. Bat St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem. DATE OF BURIAL: Jan. 15 1925

20-UNDERTAKER: Wm. H. Valentin ADDRESS 2226 Aiken St.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21 – E.B.R.S.—400 Bks.

D 94046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46D 94046

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE (No. 1123 Division St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Connoh

(a) Residence No. 1123 Division St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colord

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1860

7-AGE, 65 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. [illegible] Jenkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Catharine Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Mrs C White

(Address) 1123 Division St

15- Filed....., 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 8, 1924 to Jan 11, 1925 that I last saw h[illegible] alive on Jan 10, 1925 and that death occurred, on the date stated above, at 11 43 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. 7 mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H Casey M D

, 19 (Address) 119 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cem

DATE OF BURIAL. 1-14-1925

20-UNDERTAKER. Daniel Easton

ADDRESS 916 Eutaw

JAN 14 1925 WEBB R. KRAUTER

R. B.—WHITE PEARL, WITH ENGRAVING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94047.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94047

CERTIFICATE OF DEATH.

REGISTERED NO. 15-590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Carlisle Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua .D. Breffogle

(a) RESIDENCE No. 3407 Carlisle Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: the late Mary E. Breffogle

6 DATE OF BIRTH (month, day, and year): May 12 1847

7 AGE: Years 77 Months 8 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Delaware Ohio

PARENTS

10 NAME OF FATHER: Joshua. Breffogle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Mary Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant (Address): Mr Harry A. Cochran 3407 Carlisle Ave

15 Filed JAN 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1923 to Jan 13 1925, that I last saw him alive on November 1924, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Acute dilatation of heart

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Home examination

(Signed) C. W. Stoffman M D, M. D.

1/14, 1925 (Address) 1102 No. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Newark Ohio — DATE OF BURIAL: Jan 14 1925

20 UNDERTAKER: Jos Joesdens Son — ADDRESS: 217 S. Pa...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

Jinnie A. Hoffheimer

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94048

CERTIFICATE OF DEATH.

D 94048

1-PLACE OF DEATH

City of BALTIMORE: (No. 708 N Chester St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Tillie) Antonie Hoffheimer

(a) Residence No. 728 N Chester St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Norman

6-DATE OF BIRTH (month, day and year): Jan 8 1900

7-AGE. 24 yrs. 1 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Jacob Bumba

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Anna Debrodt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Bohemia

14-Informant: Norman Hoffheimer

(Address): 728 N Chester St

15-Filed JAN 14 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 12 25

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1924 to Jan 12 1925

that I last saw her alive on Jan 11 1925

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum + Tub Bacilli

(Signed) Wm Weber Fort M. D.

19 (Address) 209 Preston St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oakhill — DATE OF BURIAL: Jan 15 1925

20-UNDERTAKER: Ernest Erickson — ADDRESS: 1016 Cathedral

U. S. WHITE PLAINER. WRITE ONLY WITH INK. THIS CERTIFICATE IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94049

D 94049

REGISTERED NO. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 N. Madeira ST.; 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Korecky

(a) RESIDENCE. NO. 827 N Madeira ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W'te	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Korecky

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Kryzi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Annie Hovsden

(Address) 827 N Madeira

15 Filed ..... 19 .....

Registrar

JAN 14 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1924 to Jan 12 1925

that I last saw h[illegible] alive on Jan 12 1925

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 11 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Sauer M.D.

(Address) 1 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 15 1925

20 UNDERTAKER Frank Crockson ADDRESS 916 Carlton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bkd.

7741 D 94050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 D 94050

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 14-1 WARD)

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Dixon

(a) RESIDENCE No 1409 the Belvedere St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Dixon

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed JAN 14 1925, 19 ..... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 7 1925 to Jan 11 1925

that I last saw h alive on Jan 11 1925

and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Benign prostatic hypertrophy
Hypostatic pneumonia, atelectasis
Both lungs
Emphysema

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)
Uremia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 15th 1925

20 UNDERTAKER James E. Wright ADDRESS 1644 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94051

CERTIFICATE OF DEATH.

D 94051

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew, Hosp. ST., 6-2 WARD)

2-FULL NAME Daniel Main

(a) RESIDENCE NO. 1916 East Balto. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22-1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	2	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Morris Main

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jos. Louis

(Address) 1429 E. Baltimore St

15 Filed JAN 14 1925 19 ROBERT A. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-8 1925, to 1-13 1925,

that I last saw him alive on 1-13 1925,

and that death occurred, on the date stated above, at 11 20 A m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) 0 yrs. 0 mos 11 ds.

CONTRIBUTORY (Secondary)

Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? NO Date of —

Was there an autopsy? NO —

What tests confirmed diagnosis? Clinical Signs

(Signed) Sheldon D. Levy M. D.

Jan 19 25 (Address) Hebrew Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodeph Sholom

DATE OF BURIAL 1-14 1925

20 UNDERTAKER Jos Louis

ADDRESS 1429 E. Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94052

CERTIFICATE OF DEATH.

7-1-001

D 94052

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hosp

CITY OF BALTIMORE: (No. H. Hospital ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Cohen

(a) RESIDENCE NO. 108 So. Pattison Park ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 24 1924

7 AGE Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
		23 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Benny Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Sarah Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant J. Lewis

(Address) 1439 E. Balto.

15 JAN 14 1925

Filed ..., 19.. Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1924, to 1-13, 1925, that I last saw him alive on 1-13, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebro-meningeal hemorrhage

(duration) yrs. mos 23 ds

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Isidor S. Frey, M. D.

Jan. 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rivervale — DATE OF BURIAL 1-14 1925

20 UNDERTAKER Jos Lewis, 1439 E. Balto — ADDRESS

Spec—12-23-21—E.S.R.S.—400 Bks.

D 94053

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 937 Druid Hill St., Av. Ward) 11-2

Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate J. Race

(a) Residence No. 937 Druid Hill St., Av. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6y yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-[illegible], Married, Widowed or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 8 1883

7-AGE, 41 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Adolphus Wilson

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Alice ~~Wilson~~ Smith

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

14- (Informant) Alice ~~Wilson~~ 937 Druid Hill Ave.

(Address)

15-

Filed ....., 192 ..... Registrar.

JAN 14 1925 ROBERT P. KRAUS

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11 25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1924 to Jany 11 1925, that I last saw h.. alive on Jany 10 1925 and that death occurred, on the date stated above, at 2.09 A m. The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxiation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam

(Signed) David E. Marx M. D.

1/13/1925 (Address) 1916 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Laurel Cemetery	Jan 14 1925
20-UNDERTAKER,	ADDRESS
Jno. M. Johnson	1309 Druid Hill Ave.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94054

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 Greenwillow St.: 17-2 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Johnson.

(a) RESIDENCE. No. 554 Greenwillow St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	married —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson —

6 DATE OF BIRTH (month, day, and year) May 10th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook (Domestic)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland —

PARENTS

10 NAME OF FATHER John Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland —

12 MAIDEN NAME OF MOTHER Fannie Pumphry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland —

14 Informant Francis Patten Daughter (Address) 554 Greenwillow St

15 Filed , 19 Registrar.

JAN 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29th, 1924, to Jan 10th, 1925, that I last saw her alive on Jan 10th, 1925 and that death occurred, on the date stated above, at 12 20 a. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 5 mos. 13 ds.

CONTRIBUTORY (Secondary) Chronic Dilatation of right ventricle and general weakness (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at her home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Samuel A Bain, M. D.

, 19 (Address) 937 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan. 14 1925
20 UNDERTAKER Jno. M. Johnson	ADDRESS 1309 Druid Hill Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Blks.

D 94055

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hosp 12-4 Registered No. 129

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sarah L. O'Connor

(a) Residence No. W 31. Barclay St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE W

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Manning O'Connor

6-DATE OF BIRTH (month, day and year) Sept 25-1886

7-AGE. 39 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of Industry, business, or establishment in which employed (or employer) Work

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Pa

PARENTS

10-NAME OF FATHER, Robt J Beard

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Ida M. Myers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), ...

14- (Informant) Ada G Beard Jr

(Address) W 31 Barclay St

15- JAN 14 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 12 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1925 to Jan 12 1925

that I last saw h. alive on Jan 12 1925

and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Hypertension

Chronic Nephritis

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cellulitis of leg. Septicemia

(Duration) ..... yrs. X mos. 10 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Blood cultures

(Signed) G. B. Dysart M. D

19 (Address) St. Jo. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cardiff Md	January 15 1925
20-UNDERTAKER, Robt J Turner Inc	ADDRESS W Fay

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 Stafford ST., 20-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Bruehl

(a) RESIDENCE No 3128 Stafford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 8/1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo Bruehl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Henkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Rein
(Address) 3128 Stafford st

15 Filed JAN 14 1925 1925 JUDITH R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Old age & General Debility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.
(Coroner)

Jan 13th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Contd. Balto. Md.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Jan. 14 1925
20 UNDERTAKER C. W. Dill	ADDRESS 3109 Fredk. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94057

CERTIFICATE OF DEATH.

D 94057

1-PLACE OF DEATH

City of BALTIMORE: No. 101 Beechdale Road St. 27-76 Ward)

Registered No. 001.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. James McKenny White

(a) Residence No. 101 Beechdale Rd Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 82 yrs. 1 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha White

6-DATE OF BIRTH (month, day and year) Dec-5-1842

7-AGE 82 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). none

(c) Name of employer. none

9-BIRTHPLACE (city or town) (State or Country). Cambridge Maryland

PARENTS.

10-NAME OF FATHER. Thos. Edward White

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Cambridge Maryland

12-MAIDEN NAME OF MOTHER. Harriett Martin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Easton Maryland

14- (Informant) Mrs. Eliza Jane Rawlins (daughter)

(Address) Roland Park Md.

15-

Filed JAN 14 1925, 192.. AUGUST H. KRETSCHMER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 13th 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1924, to Jan 13th 1925

That I last saw he/she alive on January 11th 1925

and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? ....

Did an operation precede death? ....Date of ....

Was there an autopsy? No

What test confirmed diagnosis? ....

(Signed) Wm. F. Lemmon M. D.

, 19 (Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cemetery

DATE OF BURIAL. Jany 15 1925

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94058 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 302-N-Carey- St., 19-1 Ward) Registered No. 185

2-FULL NAME Harriett Elizabeth Diggs,

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 302-N-Carey-St St., Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 8 mos. 20 ds How long in U. S., if of foreign birth? 86 yrs. 8 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Edw. G. Diggs

6-DATE OF BIRTH (month, day and year) April-24-1838

7-AGE. 86 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). none

(c) Name of employer. none

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland.

PARENTS.

10-NAME OF FATHER. Robt McLaughlin

11-BIRTHPLACE OF FATHER (city or town) (State or Country). not known U. S. a.

12-MAIDEN NAME OF MOTHER. Isabella Kelley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). not known U. S. a.

14- (Informant) Mrs Isabella N. O'Brien (niece)

(Address) 2120 St Paul St City.

15-

Filed ..... 192 ..... Registrar.

JAN 14 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from January, 1918, to Jan. 12, 1924

that I last saw her alive on Jan. 11, 1924

and that death occurred, on the date stated above, at 4.55 A m

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 14 ds

CONTRIBUTORY (Secondary) Fracture of femur and hip (Duration) ..... yrs. 9 mos. ..... ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry S. Willis, M. D.

, 19 (Address) 1923 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. Jan 14 1925

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94059

1-PLACE OF DEATH

City of BALTIMORE: (No. 2022 Mc Elderry St., 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Julius G. Tritsch

(a) Residence No. 2022 Mc Elderry St., 7 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Matilda Tritsch

6-DATE OF BIRTH (month, day and year) Mch 27th 1867

7-AGE. 57 yrs. 10 mos. 15 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Butcher

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles Tritsch

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Matilda Tritsch

(Address) 2022 Mc Elderry St

15-

Filed....., 192.... ROBERT P. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11th 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1910 to Jan 11 1925

that I last saw him alive on Jan 10 1925

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 6 yrs. mos. ds.

18-Where was disease contracted if not at place of death? 1

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Appearance

(Signed) Leo Feder M. D.

Jan 13 1925 (Address) 193 Loughton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Schwarzs Cemetery

DATE OF BURIAL. Jan 14th 1925

20-UNDERTAKER Lilly & Zeiler

ADDRESS 4035 Mc Cl Av

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 94060

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94060

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1-3 WARD)

2-FULL NAME Daniel Modalny (Nadolny)

(a) RESIDENCE NO. 814 S Kenwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) April 29, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Adam Modalny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine Frankenfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 14 1925, 19.. RUPERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Jan. 12, 1925,

that I last saw him alive on Jan 12, 1925,

and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

Empyema Acute, Left Side

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) ? Pneumonia Terminal

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 1/10/25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Julian D Marshall M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	1/14 1925

20 UNDERTAKER W. Galloway ADDRESS 1618 Eastern Ave

NOTE—This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94061 — 1-001 — 16 — 21 — D 94061

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 324 S. Chester Street St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia . G. Mazan

(a) Residence No. 324 S. Chester Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Dec. 10 1924

7-AGE. yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town): Baltimore (State or Country): Md.

PARENTS

10-NAME OF FATHER: Blazej . Mazan

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Catherine. Kuta

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14-(Informant): Mr. Blazej. Mazan

(Address): 324 S. Chester Street

15-Filed JAN 14 1925 192 Robert P. Kraus Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 13 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 19 24 to Jan 13 19 25

that I last saw h. alive on Jan 13 1925

and that death occurred, on the date stated above, at 11 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilateral

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Kramer M.D.

(Address) 921 Kenilworth

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus Cem.	Jan. 14 1925

20-UNDERTAKER. John A. Weber ADDRESS 1803 Bank St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94062 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94062

CERTIFICATE OF DEATH. 52

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1703 Park Heights St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Richard W Hendrickson

(a) Residence No. 1703 Park Heights St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or)~~ WIFE of Lizzie A

6-DATE OF BIRTH (month, day and year) Aug 8th 1856

7-AGE, 68 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Cigar Business

(b) General nature of industry, business, or establishment in which employed (or employer)..... 045

(c) Name of employer.....

9-BIRTHPLACE (city or town)... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Hendrickson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Louisa Knoedler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant)..... Wife

(Address)..... 1703 Park Heights Ave

15- Filed..... 192.....

ROBERT E. GARNER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from December 11th 1924 to Jan. 12th 1925

that I last saw him alive on Jan. 12th 1925

and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Arthritis

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Urea

(Signed) Elbert C. Reifsnider M. D.

1/13, 1925 (Address) 2734 Pa. Ave. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge DATE OF BURIAL. Jan 16 1925

20-UNDERTAKER. Edw Crook ADDRESS 502 E Monument

ACTUAL OCCUPATION should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-1

Registration No. D 94063

1-PLACE OF DEATH

City of BALTIMORE: (No.) 759 Kine St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Henry

(a) Residence No. 759 Kine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. Col.

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Henry

6-DATE OF BIRTH (month, day and year) 9.4.28 1864

7-AGE. 60 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer). "

(c) Name of employer. —

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Geo. Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Martha Wing

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Geo. B. Johnson (Address) Cambridge Md.

15- Filed 192 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 12 - 25

17- I HEREBY CERTIFY, That I attended deceased from 1/7/ 1925 to 1/12 1925

that I last saw h alive on 1/12 1925

and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Abt (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Undetermined Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Finley Worley M. D.

1/13 1925 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. Jan. 14 25

20-UNDERTAKER. Caroline A. Fawsley ADDRESS 1728 N Eddel A

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94064

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 1205 Upton St. 17-2 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanora Beckett

(a) RESIDENCE NO. 1205 Upton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Beckett

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE Years 46 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bato Md

PARENTS

10 NAME OF FATHER Basil Hynson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo Beckett Husb

(Address) 1205 Upton St

15 Filed JAN 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1924, to Jany 11, 1925, that I last saw her alive on Jany 11, 1925 and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

Mitral Heart Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam

(Signed) Mark E. Magnus M. D.

1/14, 1925 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Nat Auburn Cem Jan 14 1925

20 UNDERTAKER — ADDRESS

Samuel T Wesley & Bro 578

A. B. BIRTH RECORD, WHEN CHECKED, SHOWS ... mation should be carefully supplied. AGE ... CAUSE OF DEATH in plain terms, so that it ... TION is very important. See Instructions on ... AGE should be stated EXACTLY. PHYSICIANS should state ... that it may be properly classified. Exact statement of OCCUPA ... ns on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94065

CERTIFICATE OF DEATH.

90 D 94065

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Frederick Ave ST., 10-1 WARD)

2-FULL NAME John Regan

(a) RESIDENCE NO. 3800 Frederick Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Widowed~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Regan

6 DATE OF BIRTH (month, day, and year): March 20 1857

7 AGE: Years 67 Months 9 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sexton

(b) General nature of industry, business, or establishment in which employed (or employer): Church

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Regan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Wm E Regan

(Address): 2757 Williams Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1925 to Jan 12 1925.

that I last saw him alive on Jan 11 1925

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis Insufficiency

(duration) 3 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Rob Carruthers, M. D.

19 (Address) 1744 W Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 1/15 1925

20 UNDERTAKER: Geo A Farley

ADDRESS: Fulton Md

JAN 14 1925

Burial Permit Clerk.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94066

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94066

CERTIFICATE OF DEATH

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 E Lombard ST. 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret J. Barnett

(a) RESIDENCE No. 6332 N. Arlington ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Barnett

6 DATE OF BIRTH (month, day, and year) April 6 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Continental
(c) Name of employer Can Co.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fannie James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Julia Barnett
(Address) 6332 N. Arlington Ave

15 Filed JAN 14 1925, 192 ..... Registrar

ARTHUR R. KRAUTER
Initial Certificate Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) G. E. Davies, M. D.
(Coroner.)

Jan 14, 192 (Address) 142 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Kilmarnock Va	Jan 14 1925

20 UNDERTAKER Chas. E. Franck ADDRESS 807 Madison Ave

IMPORTANT should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 94067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94067

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED No. D 94067

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

2-FULL NAME Nathaniel Camper

(a) RESIDENCE No. 626 W Dallas St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Mulatto

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Camper

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Daniel Camper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hester Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 11, 1926,

that I last saw him alive on Jan 11, 1926,

and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Stomach

Hypertension.

Myocardial insufficiency

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. S. Patterson M.D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamel Cemetery — DATE OF BURIAL: 1/15 1926

20 UNDERTAKER: Robert Williams — ADDRESS: 1515 McCulloch St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 94068

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94068

CERTIFICATE OF DEATH.

11-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 634 Eutaw st St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Washington ~~Sr~~

(Residence in Baltimore: No. 634 Eutaw st St.; yrs. (45) mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH. ..... (Month) ..... (Day) ..... (Year)

7-AGE.	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	..... hrs. or ..... min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)..... NK

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Robert Washington

11-BIRTHPLACE OF FATHER, (State or Country) West River Md

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leroy Dead

(Address) 634 Eutaw st

15- JAN 14 1925 ROBERT R. KRAUTER, Registrar.
Filed ..... 192.. Vital Records Division

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 12 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) H R Fonnelle M. D.
(Coroner.)

1-13- 1925 (Address) 112 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	June 15 1925

20-UNDERTAKER.	ADDRESS
Jno Gr H Hooker	406 W. Conway st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94069

D 94069

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 N Carrollton ST.: 9-6 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward L. Wilson

(a) RESIDENCE. No. 1802 N. Carrollton ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie G Wilson

6 DATE OF BIRTH (month, day, and year) Sept 22. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Mfg.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Annie Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Annie G. Wilson 1802 North Carrollton St.

15 Filed . 19 Registrar

JAN 14 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1924, to Jan 12, 1925, that I last saw him alive on Jan 12, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease of heart.

(duration) yrs. 2 mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Bandeman, M. D.

(Address) 1714 N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery.	Jan. 15 1925

20 UNDERTAKER ADDRESS

George J. Rush 735 Hanford Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-24—M&T—1500 Bks.

D 94070

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94070

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8-244 ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Hansen

(a) RESIDENCE NO. 1873 E Cattle St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/24/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Hansen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dena Forst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed ..., 19... Robert P. Harrison, Registrar

Burial Permit Clerk

JAN 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925, to Jan 13, 1925, that I last saw her alive on Jan 13, 1925, and that death occurred, on the date stated above, at 9-00 a m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Liver ?

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Otitis media & pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A W Sweetser M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 1/ 1925

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co.—1000 Blks.

D 9407T

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 9407T

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 W. Lombard ST.) 19-2 (WARD) 90 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Lewin Rock

(a) RESIDENCE. No. 1720 W. Lombard ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Rock

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co, Md

12 MAIDEN NAME OF MOTHER Louisa Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Miss Lena V Rock
(Address) 1720 W Lombard St

15 Filed . 19 Registrar

Robert P. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 12 1925

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1913, to Jany 12, 1925,
that I last saw h-- alive on Jany 12, 1925,
and that death occurred, on the date stated above, at 10:45 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) 45 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anasarca

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination &c.

(Signed) Geo. T. Kemp, M. D.

, 19 (Address) St James Apartments

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 15 1925
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 925 Forrest Ave ST., 9-3 WARD)

2-FULL NAME Andrew J Baker

(a) RESIDENCE No. 925 Forrest Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Baker

6 DATE OF BIRTH (month, day, and year) Sept 8, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardware Dealer Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant W. A. Lentz

(Address) 925 Forrest Ave

15 Filed , 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1925

17

I HEREBY CERTIFY, That I attended deceased from March, 1922, to Jan 12 1925, that I last saw him alive on Jan 11, 1925 and that death occurred, on the date stated above, at 12-40 p m

The CAUSE OF DEATH* was as follows:

Senile Arteris-Sclerosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. K. Skilling, M. D.

1-13, 1925 (Address) 1120 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove, Pittsburg Md DATE OF BURIAL Jan 15 1925

20 UNDERTAKER W. M. Cook ADDRESS 922 E Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94073

1-PLACE OF DEATH

City of BALTIMORE: (No. Reisterstown Rd Oswego St., 153 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Robt S McCarter

(a) Residence No.. Oswego Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie M Carter

6-DATE OF BIRTH (month, day and year) Aug 12-1850

7-AGE 74 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Dorchester Co

PARENTS.

10-NAME OF FATHER. Spencer McCarter

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Dorchester Co

12-MAIDEN NAME OF MOTHER, Fisher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Dorchester Co

14- (Informant) Sadie M Carter

(Address) Reisterstown Rd.

15- Filed 1 4 1925 Robert P. Harrison, M.D. Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 12th 1925

17- I HEREBY CERTIFY, That I attended deceased from about July 1924 to Jany 11 1925 that I last saw him alive on Jany 10 1925 and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Gastric Enteritis (Probably Cancer)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) H. H. Arnold M. D

Jany 14 1925 (Address) 109 St. Paul St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore

DATE OF BURIAL. Jan 16 1925

20-UNDERTAKER. Wm Cook

ADDRESS 502 E North Ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94074

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94074

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 127 Virginia av St., 27-B 101 Ward)

Registered No. 1,001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Elizabeth Kinding

(a) Residence No. 127 Virginia av St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel C Kinding

6-DATE OF BIRTH (month, day and year) May 14 1864

7-AGE. 10 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto, Md

PARENTS.

10-NAME OF FATHER. Ludwick Ybarb

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Emelia Wailin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Selma Kinding (Address) 127 E Virginia av

15- Robert P. Harrison, Registrar.

Filed 192

Burial Permit Clerk

JAN 14 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 12, 25

17- I HEREBY CERTIFY, That I attended deceased from Jan - 5' 19 25 to Jan - 12 19 25

that I last saw h alive on Jan - 12 19 25

and that death occurred, on the date stated above, at 5:30P

The CAUSE OF DEATH* was as follows:

Lobar - Pneumonia,

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Maurice H Stools M. D

Jan 13 1925 (Address) 804 N Fulton av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Westminster DATE OF BURIAL. Jan 15 19 25

20-UNDERTAKER. Wm Lee & Son ADDRESS Eutaw & Monroe

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ... instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94075

CERTIFICATE OF DEATH.

161 001

D 94075

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

2-FULL NAME Baby girl Thomas

(a) RESIDENCE NO. Brooklyn Park Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): miscarriage

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 13/25

7 AGE Years Months Days If LESS than 1 day, hrs. or 45 min.

miscarriage.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Benjamin Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn, Md.

12 MAIDEN NAME OF MOTHER Mildred Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware.

14 Informant Mildred Thomas

(Address) Brooklyn Park, Md.

15 Filed . 19 Robert P. Harrison, Registrar

Burial (Permit Clerk

JAN 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1925 to Jan. 13, 1925, that I last saw h[illegible] alive on Jan. 13, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(lived 45 min.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Alexander Novey, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JAN 14 1925

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94076

D 94076

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital W-5 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilfred Cain

(a) RESIDENCE. No. 1917 Hollins St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United R. & E. Co. Balto

9 BIRTHPLACE (city or town) (State or country) Carroll County

PARENTS

10 NAME OF FATHER Lee Cain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co.

12 MAIDEN NAME OF MOTHER Lilly Mullinix

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard County

14 Informant Wilfred Cain
(Address) 1917 Hollins St

15 Filed JAN 14 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1925, to Jan 13, 1925, that I last saw him alive on Jan 13, 1925, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Tons. & Pharyn.

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pos. Culture for T.D.

(Signed) Myron G. Tull, M. D.

1/14 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Carroll Co. Md. Taylorsville Cemetery	Jan. 14 1925
20 UNDERTAKER	ADDRESS
C. M. Matthews	Winfield Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94077

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94077

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Lavinia Casey

(a) RESIDENCE NO. 701 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. F. Casey

6 DATE OF BIRTH (month, day, and year) Mar 4 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Jefferson Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Fanni Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Municipal Hospital Records (Address)

15 Filed ..., 19... Robert P. Harrison, Registrar

N 14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-6, 1925, to 1-13, 1925

that I last saw her alive on 1-13, 1925

and that death occurred, on the date stated above, at 7⁰⁰ P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 1 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy

(Signed) Claude S. Burdick, M. D.

1-14, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 15 1925

20 UNDERTAKER Wm J. Tickner & Sons ADDRESS N. & Pa

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94078

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94078

CERTIFICATE OF DEATH No. 61-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 14-3 WARD

2-FULL NAME Baby Boy Bobart

(a) RESIDENCE NO. Riverside Ave - East ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single Born

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/9/25

7 AGE Years	Months	Days	If LESS than 1 day, 2 hrs or min.
Still Born			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank C. Bobart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Myrtle Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 14 1925, 19 Robert P. Hartman, Registrar

Burial Permit CLERK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9/25 19

17

I HEREBY CERTIFY, That I attended deceased from 1/9/25, 19 to 1/9/25, 19, that I last saw him alive on 1/9/25, 19 and that death occurred, on the date stated above, at 1:20 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) H. W. Dolley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
JOHNS HOPKINS HOSPITAL	

20 UNDERTAKER Baltimore Health Dept. ADDRESS JAN 14 1925

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are requested to fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec--12-23-21—E.B.R.S.—400 Bks.

D 94079

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94079

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Hospitals Ward

Registered No. 17-100-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Boettle

(a) Residence No. 705 N. Freemand St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (write which) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thurlow Boettle

6-DATE OF BIRTH (month, day and year) March 1857

7-AGE. 68 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Maryland

PARENTS.

10-NAME OF FATHER Lewis Tallmer

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (city or town) (State or Country)

14- (Informant) Ira P. Shamper

(Address) Bay View Hospital

15- Filed 192 Registrar.

Robert F. Harrison

N 14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/13/25

17- I HEREBY CERTIFY, That I attended deceased from 1/7/ 1925 to 1/13 1925

that I last saw her alive on 1/13 1925

and that death occurred, on the date stated above, at 1 10 m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Illness

(Signed) Ira P. Shamper M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
London Park	Jan. 16 25
UNDERTAKER George L. Schmidt	ADDRESS 1101 Eutaw Ave.

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 94080

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94080

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 601 Walker Ave (ST.) Govane (WARD) 27-52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Concetta Vazzano Marino

(a) RESIDENCE No. 601 Walker Ave (ST.) Govane WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Robt. Marino

6 DATE OF BIRTH (month, day, and year) Apr 13-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Vazzano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Elizabeth Carranco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Robt. Marino 601 Walker Ave Govane

15 Filed JAN 14 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to Jan 12 1925, that I last saw her alive on Jan 11, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Toxaemia, (Uraemia) 7

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophic arteritis of Spine. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Simms M. D.

Jan 13, 1925 (Address) 4 Y of H Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/15-1925
20 UNDERTAKER	ADDRESS
Chas P. Crane Son	118 W. Mt Royal ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94081

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94081

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto Gen'l Hosp ST., 9-7 WARD)

2-FULL NAME Mrs. Lillie Bortner.

(a) RESIDENCE NO. 1404 E. Preston ST., WARD.....
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert H. Bortner

6 DATE OF BIRTH (month, day, and year) July 6 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	68	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) York Co. Pa
(State or country)

PARENTS

10 NAME OF FATHER Peter Goodman

11 BIRTHPLACE OF FATHER (city or town) York Co
(State or country) Pa

12 MAIDEN NAME OF MOTHER Sarah Beck

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) York Co. Pa

14 Informant Mrs Carrie Hall
(Address) 1404 E. Preston St

15 Filed ....., 19.... Robert P. Harrison, Registrar

N 14 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 14 1925

17 I HEREBY CERTIFY, That I attended deceased from JAN 6, 1925, to JAN 14, 1925, that I last saw her alive on JAN 14, 1925 and that death occurred, on the date stated above, at 2.40 A. m.

The CAUSE OF DEATH* was as follows:

CHRONIC ENDOCARDITIS AND MYOCARDITIS WITH HYPERTENSION

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) ACUTE CARDIAC DILITATION

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? SIGNS & SYMPTOMS

(Signed) J. H. Peterman, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Jan 16 1925

20 UNDERTAKER Chas. P. Braud & Son ADDRESS 118 W. Mt Royal Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94082

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-00

D 94082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 S Bouldin St., No. 8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Milton Kowalska

(a) Residence No.... 1018 S Bouldin St., ' Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 24-23

7-AGE, 1 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jos Kowalski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant)..... Kowalski

(Address)..... 1018 S Bouldin St

15- Filed JAN 14 1925 By Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 13-25

17- I HEREBY CERTIFY, That I attended deceased from January 12, 1925 to January 13, 1925 that I last saw h.. alive on January 12, 1925 and that death occurred, on the date stated above, at 2 15 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bromwell M. D.

1-13-, 1925 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Pauls Lawn Cem DATE OF BURIAL, Jan 15 1925

20-UNDERTAKER Stephen F Kraskouskas ADDRESS 1011 Lemmon St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94083

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94083

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Cedar Ave St., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Bowen

(a) RESIDENCE NO. 3416 Cedar Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W Bowen

6 DATE OF BIRTH (month, day, and year) Nov. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	45	1	++	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael J. Burke

11 BIRTHPLACE OF FATHER (city or town) Ireland. (State or country)

12 MAIDEN NAME OF MOTHER Bridget Barrett

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant J. W. Burke (Brother)

(Address) 322 N. Gilmor St.

15 Filed N 14 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1925, to Jan 12, 1925, that I last saw her alive on Jan 11, 1925, and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Pneumonary Tuberculosis

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? None

(Signed) Thos F. Stevens, M. D.

1/14, 1925 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Margaret P. Flynn

UNDERTAKER Cathedral Cem.

DATE OF BURIAL Jan 15, 1925

ADDRESS 1400 Light St

BEFORE SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94084

CERTIFICATE OF DEATH.

D 94084

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Maryland General Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alvetta K. Hood

(a) RESIDENCE NO. Catsey, Md, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Louis G Hood

6 DATE OF BIRTH (month, day, and year) Oct. 20, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hwf.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Penn~~ BALTO. Md.

PARENTS

10 NAME OF FATHER John F. Rixse

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Flora Fink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant (Address) Mrs Flora E. Stubbins (Mother) Balto, Md.

15 Filed Jan 14 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Jan 12, 1925, that I last saw h[illegible] alive on Jan 12, 1925 and that death occurred, on the date stated above, at 8 15 p m

The CAUSE OF DEATH* was as follows:

Post partum sepsis (Pelvic peritonitis - Endometritis - (Acute) Parametritis)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Septicemia (?)

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Compton M. D.

, 19 (Address) 801 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 15 1925

20 UNDERTAKER Mr & Mrs John W. Teufel & Son — ADDRESS 801 W. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94085

D 94085

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2223 Oak St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma J. Reese,

(a) Residence No. 2223 Oak St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND of (or)~~ WIFE of John A. Reese.

6-DATE OF BIRTH (month, day and year) April 10. 1865

7-AGE, 59 yrs. 9 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Reuben Wiggin.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Conn.

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md.

14- (Informant) John A. Reese,

(Address) 2223 Oak St.

15- Filed ....., 192.... Robert P. Harrison, Registrar.

JAN 14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) JAN 14 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 13, 1925, to Jan 14, 1925, that I last saw h.. alive on Jan 13, 1925, and that death occurred, on the date stated above, at 5 A. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

H. Corner Jr. Marrow

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of →

Was there an autopsy? No

What test confirmed diagnosis? General Symptoms

(Signed) Chas B Norment M. D.

JAN 14 1925, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park DATE OF BURIAL, JAN 16 1925, 19....

20-UNDERTAKER, Geo W Little ADDRESS, 1700 EDMONDSON AVE.

Exact statement of OCCUPATION is very important. In plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 94086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 101 001

D 94086

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N Strucker ST., 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Colton

(a) RESIDENCE NO. 1113 N Strucker ST., WARD Cary N. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Colton

6 DATE OF BIRTH (month, day, and year): Sept 13 1883

7 AGE — Years: 32 — Months: 4 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Cary N C

PARENTS

10 NAME OF FATHER: Milton Colton

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Lucy Colton 1113 N Strucker St

15 Filed 1-14 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1925, to Jan 12, 1925.

That I last saw him alive on Jan 11, 1925

and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): General Exposure

(duration) ? yrs. 9 mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Geo L Hall, M. D.

, 19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cary N C — DATE OF BURIAL: 1/14 1925

20 UNDERTAKER: Samuel A Hensley — ADDRESS 578 N Bdle

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94087

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94087

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hosp. 3-2 Registered No. 101-301

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Sarko

(a) Residence No. 1603 E. Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1892

7-AGE, 33 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Michael Sarko

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, ? Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

11- (Informant) Sam Sarko

(Address) 1603 E. Pratt St.

15- JAN 14 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925 to Jan 11, 1925 that I last saw h... alive on Jan 11, 1925 and that death occurred, on the date stated above, at 4:20 A. M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Lyter M. D.

, 19 (Address) Johns Hop. Hosp.

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL | DATE OF BURIAL, ..., 19...

20-UNDERTAKER, [illegible] Health | ADDRESS JAN 14 1925

Pur 005 Permit Clerk

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94088

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94088

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Chestnut Ave ST., 13-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna May Miller

(a) RESIDENCE No. 3600 Chestnut Ave ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard H. Miller

6 DATE OF BIRTH (month, day, and year) May 10 - 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	54	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Emmanuel Freeland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Kilbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant H. Vernon Miller

(Address) 3600 Chestnut Ave

15 Filed JAN 14 1925, 19 Robert F. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1924 ... to Jan 12 1925, that I last saw her alive on Jan 12 1925, and that death occurred, on the date stated above, at 11:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Arterio-sclerosis - complicated by attack Intestinal Intussusception 2 wks duration (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Woodrow Lord, M. D.

1/14 1925 (Address) 846 W 36th St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Jan. 15 1925

20 UNDERTAKER Horace A. Burgee — ADDRESS 363 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

D 94089

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94089

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 Hooper Ave. (St.) Mt. Washington (Ward) 27 (REGISTERED NO.) 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene E. Ralph

(a) RESIDENCE No. 12 Hooper Ave. St. Mt. Washington WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec. 30-1924

7 AGE: Years — Months — Days 15 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. E. Ralph

11 BIRTHPLACE OF FATHER (city or town) (State or country): Florida

12 MAIDEN NAME OF MOTHER: Ida E. Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Wm E. Ralph

(Address) 12 Hooper Ave

15 Filed ..., 19 ... Registrar

ROBERT P. HARRISON,

Burial Permit Clerk

JAN 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to Jan 14, 1925, that I last saw b[illegible] alive on Jan 13, 1925, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Coed —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M.D.

1/14 1925 (Address) 846 W 36th St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys (Rampaw)

DATE OF BURIAL: Jan. 15 1925

20 UNDERTAKER: Grace H. Burgee

ADDRESS: 3631 Fallsway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94090

101-04

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Kate Ave ST.; 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie H. Beck

(a) RESIDENCE. No. 3816 Kate Ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Beck

6 DATE OF BIRTH (month, day, and year): Aug 5th 1847

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or Country): Huntingdon County Pa

PARENTS

10 NAME OF FATHER: Henry Hysell

11 BIRTHPLACE OF FATHER (city or town) (State or Country): Huntingdon County Pa

12 MAIDEN NAME OF MOTHER: Barbara Harnishfeger

13 BIRTHPLACE OF MOTHER (city or town) (State or Country): Huntingdon County Pa

14 Informant: Marguerite B. Geyer (Address) Schofield Pa

15 Filed 4 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 13, 1925, that I last saw h[illegible] alive on Jan 13, 1925, and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Summit, M. D.

19 19 25 (Address) 4508 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smithsburg, Md DATE OF BURIAL: Jan 15 19 25

20 UNDERTAKER: F. B. Wiseburt ADDRESS: 1850 N Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94091

1-PLACE OF DEATH (Oakland) REGISTERED NO. 25-101

CITY OF BALTIMORE: (No. Hollins Ferry Road ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerrylee V. Thompson

(a) RESIDENCE NO. Hollins Ferry Road ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred no yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
no	6	2 hrs.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oakland.

PARENTS

10 NAME OF FATHER Jerry Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala.

12 MAIDEN NAME OF MOTHER Mary Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jerry Thompson. (Address) Oakland

15 Filed JAN 15 1925 ROBERT A. ARMSTEN Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925, to Jan 14, 1925, that I last saw her alive on Jan 14, 1925, and that death occurred, on the date stated above, at 2 a-m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) no yrs. no mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) R. V. Gleaves M. D.

(Address) Oakland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Jan 14 1925

20 UNDERTAKER Knell & Son ADDRESS 1143 W. Pratt St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

94092

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94092

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1837 N. Calvington Ave St., 8-21 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Barrington

(a) Residence No. 1837 N. Calvington Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 23/24

7-AGE. yrs. 3 mos. 20 ds. If LESS than 1 day ....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jack Barrington

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pikesville Md.

12-MAIDEN NAME OF MOTHER, Marie T. Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Jack Barrington

(Address) 1837 N. Calvington Ave.

15- JAN 13 1925 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 7, 19 25 to Jan 12, 19 25

that I last saw h alive on Jan 12, 19 25

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Fisher M. D.

1/13, 19 25 (Address) 1823 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery DATE OF BURIAL: 1/14/25

20-UNDERTAKER: Geo. L. Pratt ADDRESS 1825 Eutaw Pl

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94093

CERTIFICATE OF DEATH.

100-001

D 94093

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 1026 WARD)

2-FULL NAME Benj. Stein

(a) RESIDENCE NO. 1026 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Stein

6 DATE OF BIRTH (month, day, and year) Russia

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham I. Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levin

(Address) 1434 Eastern

15 Filed JAN 5 1925, 19 ..... MUELLER R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to Jan 14, 1925, that I last saw him alive on Jan. 14, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chr. bronchitis & Emphysema (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab.

(Signed) Isidore J. Frey M. D.

Jan 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Harmony

DATE OF BURIAL 1/15 1925

20 UNDERTAKER Jack Levin

ADDRESS 1434 Eastern

Spec.—1-12-23—M&T—500 Bks.

Buhlman

D 94094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 D 94094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST., 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Barbara Buhlman

(a) RESIDENCE NO. 335 Font Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Buhlman

6 DATE OF BIRTH (month, day, and year) March 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " "

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " "

14 Informant Louis Buhlman

(Address) 335 Font Hill

15 Filed ..., 19 ... Burial Permit Issued ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/25

17

I HEREBY CERTIFY, That I attended deceased from 1/11, 19 25, to 1/14, 19 25; that I last saw h[illegible] alive on 1/14, 19 25, and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

Delivery (full term)

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At St Agnes Hosp

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H B Degan, M. D.

, 19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Jan 16 1925

20 UNDERTAKER Edw Leech

ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94095 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

D 94095

7-390

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 N: Rose St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Denwood W: Insley

(a) Residence No. 815 N: Rose St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Insley

6-DATE OF BIRTH (month, day and year) 3/30/1863

7-AGE, 61 10 13

.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Somerset Co Md

PARENTS.

10-NAME OF FATHER, Denwood W: Insley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Sarah H: White

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Mrs. Mary W: Insley

(Address) 815 N: Rose St

15-

Filed ....., 19..

Burial Permit

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/13/1925

17- I HEREBY CERTIFY, That I attended deceased from January 10, 1925, to January 13, 1925,

that I last saw him alive on January 13, 1925,

and that death occurred, on the date stated above, at 10.30P m.

The CAUSE OF DEATH* was as follows:

Empyema

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis.

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis A. M. Krause, M. D.

(Address) 3500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Nanticoke Md

DATE OF BURIAL, 1/14/1925

20-UNDERTAKER, John Ullrich

ADDRESS 2008 Orleans St

If practicable, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94096

CERTIFICATE OF DEATH.

D 94096

21-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 713 Eisler St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Johnsson

(a) Residence No. 713 Eisler St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6-DATE OF BIRTH (month, day and year) unknown

7-AGE. 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

11- (Informant) Cora Smith friend

(Address) 711 Eisler St

15- Filed JAN 15 1925 ROBERT R. KRAETER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1925 to Jan. 13, 1925

that I last saw her alive on Jan. 13 1925

and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) ..... yrs. ..... mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Louis B. Young

Jan 14, 1925 (Address) 602 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Fort Auburn Cemetery

DATE OF BURIAL. Jan 16 1925

20-UNDERTAKER. Wm Lott Hook

ADDRESS 406 W. Conway st

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94097

CERTIFICATE OF DEATH.

6-3 100-08

D 94097

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 310 N. Robinson ST., 6 WARD)

2-FULL NAME Isaac A. McClelland

(a) RESIDENCE NO. 310 N. Robinson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Late Idela McClelland

6 DATE OF BIRTH (month, day, and year) Mar 10 56

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardner

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer City Parks

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Isaac McClelland

11 BIRTHPLACE OF FATHER (city or town) England

(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Russell

13 BIRTHPLACE OF MOTHER (city or town) England

(State or country)

14 Informant Olive M. McClelland

(Address) 310 N. Robinson St.

15 Filed JAN 15 1925, 19 ... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/5, 19 25, to 1-13, 19 25,

that I last saw him alive on 1-13, 19 25,

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Broncho

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypo Cardiac

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. H. Haun, M. D.

(Address) 1939 McElroy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 1/16 1925

20 UNDERTAKER Philip Hornig

ADDRESS 2016 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94098

D 94098

CERTIFICATE OF DEATH.

REGISTERED NO. 27-13 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Woodlea Road ST. Gardenville WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. W. Kennard

(a) RESIDENCE NO. 3 Woodlea Rd, ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Katherine H. Kennard

6 DATE OF BIRTH (month, day, and year) Dec 24/56

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer): Broker

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Wilmington Del,

10 NAME OF FATHER: John Kennard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del

14 Informant: Katherine W. Kennard
(Address) 3 woodlea Rd.

15 Filed JAN 15 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1925, to Jan 13th, 1925, that I last saw him alive on Jan 13th, 1925, and that death occurred, on the date stated above, at 6-15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
To my knowledge
(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Edward Benson, M. D.

Jan 14 1925 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL 1/17 1925

20 UNDERTAKER: Philip Herrig — ADDRESS 2016 Orleans

Cor.—1-12-23—M&T—100 Blks.

D 94099

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Geng ST., 17-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Carolyn Williams

(a) RESIDENCE NO. 815 Geng St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced (write the word): marg'd

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Arthur Bethick (Address) 815 Geng St.

15 Filed JAN 15 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Myocarditis 6 mos.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D. (Coroner)

Jan. 14, 1925 (Address) 2 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lauriel Cem

DATE OF BURIAL 1-15-25 192

20 UNDERTAKER: David Easton

ADDRESS 916 Eu

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94100

CERTIFICATE OF DEATH.

101 001

D 94100

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1063 Argyle Ave ST. 17-2 WARD)

2-FULL NAME Annie Singer

(a) RESIDENCE No. 1063 Argyle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) about 1862 Gen'l

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework,
(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md,

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rev. J. Allen
(Address) 1200 E Oregon St.

15 Filed JAN 15 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained [illegible] (Inquest, autopsy or inquiry.) find that said decease[illegible] came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) no history,

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Jan. 13, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 1925
Mt Auburn Cem	1-15-25
20 UNDERTAKER Daniel Easton	ADDRESS 916 Gay ave

(1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94101 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94101
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 W. Lafayette ST. 16 WARD)

2-FULL NAME James E. Johnson

(a) RESIDENCE: No. 1224 W. Lafayette ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 11-23

7 AGE — Years: 1 — Months: 2 — Days: 22 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Carl W. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bertha Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Bertha Richardson
(Address) 524 W. Lafayette

15 Filed JAN 15 1925 19.. Robert A. Krauter, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-1925

17 I HEREBY CERTIFY, That I attended deceased from 1/12/25, 19.., to 1/13, 1925, that I last saw h[illegible] alive on 1/13, 19 25 and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward A Morgan M. D.

(Address) 1322 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. Auburn — DATE OF BURIAL: Jan 15 19 25

20 UNDERTAKER: Chas. W. Chase & Son — ADDRESS: 1400 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-6 3

D 94102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital ST., WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Williams

(a) RESIDENCE No. 1114 Carlton st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Nathan Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Sara ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address) M.T.H.

15 Filed JAN 15 1925, 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1924, to Jan. 13, 1925, that I last saw him alive on Jan. 13, 1925, and that death occurred, on the date stated above, at 1.55 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous laryngitis

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) L. J. White M. D.

1-13-1925 (Address) Municipal Tbc. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 16 1925
20 UNDERTAKER	ADDRESS
Sam'l F. Chase's Son	1400 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

Spec.—3-10-21—M&T—1500 Blks.

D 94103

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 897 W. Lombard ST., 18-3 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Donovan,

(a) RESIDENCE No. 897 W. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Donovan

6 DATE OF BIRTH (month, day, and year) March 8th 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work 10 01

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER James Dunton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Ellen Murphy

(Address) 899 W Lombard St.

15 Filed JAN 15 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14th, 1925, to Jan 14, 1925,

that I last saw her alive on Jan 14, 1925,

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Urine examination etc.

(Signed) J. Bruce Norton, M. D.

, 19 (Address) 887 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL Jan 17 1925

20 UNDERTAKER John J. Logue & Son.

ADDRESS 901 Hollins St.

Cor.—1-12-23—M&T—100 Bks. Lakeview Ave. & Lake Drive.

D 94104 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94104

CERTIFICATE OF DEATH. 13-611-001

1-PLACE OF DEATH Julius B Fensterwald REGISTERED NO.

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius B. Fensterwald

(a) RESIDENCE NO Marjoane Apts. B 4 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Fensterwald

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1862.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	2	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wholesale
(b) General nature of industry, business, or establishment in which employed (or employer) Clothier
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Fensterwald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Burk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Gertrude Fensterwald (Address) Marjoane Apts.

15 Filed JAN 15 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13/ 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ulcer Stomach

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Jno. H. Kirnan, M. D. (Coroner.)

Jan 13, 1925 (Address) 762 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cemetery	1/15 192
20 UNDERTAKER David Sondheim	ADDRESS 115-20 W. Mt. Royal Ave

Instructions on back of certificate. Carefully important. See

Spec.—1-10-21—MAT—1500 Blks.

D 94105 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94105

CERTIFICATE OF DEATH. X 24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hospital ST., 14-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ashley Sidney Johnson, D.D.

(a) RESIDENCE No. Kimberlin Heights, ST., WARD Tennessee

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Eliz. Johnson

6 DATE OF BIRTH (month, day, and year) June 22, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister, Founder and President of

(b) General nature of industry, business, or establishment in which employed (or employer) Johnson Bible College

(c) Name of employer at Kimberlin Heights Tenn.

9 BIRTHPLACE (city or town) (State or country) Knox county, Tenn

PARENTS

10 NAME OF FATHER Jeremiah C. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Knox County Tenn.

12 MAIDEN NAME OF MOTHER Barbara Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Knox County Tenn

14 Informant Mrs. A. S. Johnson

(Address) Kimberlin Heights Tenn.

15 Filed JAN 15 1925, 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1925, to Jan. 14, 1925, that I last saw him alive on Jan. 14, 1925, and that death occurred, on the date stated above, at 10 30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) general arteriosclerosis

(duration) Several yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure, eye grounds, blood examination, etc.

(Signed) Robert E. Fricke, M. D.

, 19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kimberlin Heights Tenn — DATE OF BURIAL Jan 15 1925

20 UNDERTAKER Chas. G. Black — ADDRESS 742 Worth ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-12-23-21—E.B.R.S.—400 Bks.

D 94106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94106

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2817 - Reese St., 9-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME James Edw. Hopps.

(a) Residence No. 2817 - Reese St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 17, 1924

7-AGE. yrs. 13 mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, James Edw. Hopps

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Dorothy Humphrey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md.

14- (Informant) James Hopps

(Address) 2817 Reese St

15- Filed JAN 15 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 13, 1925

I HEREBY CERTIFY, That I attended deceased from Jan. 9 19 25 to Jan. 13 19 25

that I last saw h alive on Jan 13 19 25

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 2821 - Reese St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. Jas. A. Johnson M. D.

, 19 (Address) 21-E-25 = St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan. 15 1925

20-UNDERTAKER, Wm J. G Locks ADDRESS 1362 Jefferson

instructions on back of certificates. Extra Statement of OCCUPATION is very important. See

Spec.—1-10-21—M&T—1500 Bks.

D 94107 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94107

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Bond St ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Brown

(a) RESIDENCE NO. 918 N. Bond St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced
(or) WIFE of Alexander Brown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	appox 60	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home 37
(b) General nature of industry, business, or establishment in which employed (or employer) General House Work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Annie Nichols Daughter
(Address) 918 N Bond St

15 Filed JAN 15 1925 ROGER T. ATKINSON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1924, to Jan 14, 1925, that I last saw h W alive on Jan 13, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
& Hypertension
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Young, M. D.

1/14, 1925 (Address) 1421 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL Jan. 18 1925

20 UNDERTAKER Wm J. G. Locke ADDRESS 312 Whitman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94108

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Alice~~ Alice Harris

(a) RESIDENCE NO Turners Station Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Nov 15-21

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	1	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cumberland Va.

PARENTS

10 NAME OF FATHER: Andrew Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Kate Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Andrew Harris
(Address): Turner's Station

15 Filed JAN 15 1925 Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensove Burns over body and head - accidental - clothes caught fire while playing with lighted paper near kitchen stove

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Carter, M. D.
(Coroner.)

1-15-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan 5 1925

20 UNDERTAKER: Mrs P. G. Elliott ADDRESS: Highland ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94109
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

28-24-081 D 94109

Registered No.....

City of BALTIMORE: (No. 4606 Springdale Ave St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Boxwell

(a) Residence No. 4606 Springdale Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Boxwell

6-DATE OF BIRTH (month, day and year) May 25th, 1841

7-AGE.			If LESS than 1 day.
83 yrs.	7 mos.	18 ds.	... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Home
(c) Name of employer.....

9-BIRTHPLACE (city or town)... Clear Spring
(State or Country)... Maryland

PARENTS.

10-NAME OF FATHER, Geo. I. Kershner

11-BIRTHPLACE OF FATHER (city or town)... Penna.
(State or Country),

12-MAIDEN NAME OF MOTHER, Isabelle Daller

13-BIRTHPLACE OF MOTHER (city or town)... England
(State or Country),

14- (Informant)... Raymond Boxwell
(Address)... 4606 Springdale Ave

15- Filed JAN 15 1925 ROBT. P. KOHLER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 13th, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 15th, 19.. to Jan 13th, 25, 19..
that I last saw h.. alive on Jan 13th 25, 19..
and that death occurred, on the date stated above, at 11.30 A m.
The CAUSE OF DEATH* was as follows:

Bright's Disease
Arteriosclerosis

(Duration)... yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemoplegia

(Duration)... yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? 4606 Springdale Ave

Did an operation precede death?... Date of

Was there an autopsy?... No

What test confirmed diagnosis? Clinical

(Signed)... C. H. Conrad M. D.

, 19 (Address) 4606 Springdale Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Lebanon	Jan 16 1925

20-UNDERTAKER Putnam & Poe ADDRESS 1723 W Fayette St

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-2 11-001

D 94110 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No 5623 Reisterstown Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph L. Widdowson

(a) Residence No. 5623 Reisterstown Road St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, ~~or Divorced.~~ (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma Widdowson

6-DATE OF BIRTH (month, day and year) Jan 17th, 1852

7-AGE. 72 yrs. 11 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED None

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Indiana Co.
(State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Penna
(State or Country),

12-MAIDEN NAME OF MOTHER, Louisa Burrage

13-BIRTHPLACE OF MOTHER (city or town)
(State or Country), Maryland

14- (Informant) Dr Ord K. Widdowson
(Address) 5623 Reisterstown Road

15- Filed ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 13th, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 10/25 19.. to Jan 13/25 19.. that I last saw h.. alive on Jan 13 19.. and that death occurred, on the date stated above, at 4.15 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

(Duration) .. yrs. 3 mos. .. ds.

CONTRIBUTORY (Secondary)

(Duration) .. yrs. .. mos. .. ds.

18-Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. D. Coxand M. D

, 19 (Address) Pimlico Heights Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. Jan 15 1925

20-UNDERTAKER. Peterson & Co

ADDRESS 1723 N. Howard St.

APR 15 1925 ROBERT P. KRAUTER

Burial Permit Issued

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94111 — 3-2 — 90 — D 94111

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE; (No. Municipal Hospital ST., 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Megeth

(a) RESIDENCE No. 143 S Ulrich Alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Megeth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Municipal Hospital Records
(Address)

15 Filed JAN 15 1925 19 ROBERT N. KRAUTER, Registrar
Burial Permits Clerk
0054

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 11 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-10, 1925 to 1-11, 1925.

that I last saw him alive on 1-11, 1925

and that death occurred, on the date stated above, at 5-00 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic Myocarditis (Degenerative), Myocardial insufficiency

(duration) ... yrs. ? mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sat.

(Signed) Claude S. Wence M. D.

1-12 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL JAN 15 1925 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Blks.

D 94112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94112

Registered No. 101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 3110 Fait ave St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy J. Froehlich

(a) Residence No. 3110 Fait ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Conrad G.

6-DATE OF BIRTH (month, day and year) July 28-1855

7-AGE. 69 yrs. 5 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto, Md.

PARENTS

10-NAME OF FATHER, Nicholas Langgold

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Barbara Nagel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

11-Informant. Conrad G. Froehlich

Address. 3110 Fait ave

15-Filed JAN 15 1925, 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 13-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1925 to Jan 13 1925

that I last saw h.. alive on Jan 13 1925

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Case under Dr Fry's

(Signed) D.T. Mackall M. D

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Trinity Cemetery DATE OF BURIAL. Jan. 16, 1925

20-UNDERTAKER, Ginkler + Ginkler ADDRESS 1739 E. Cager St.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94113

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2923 E. monument St., 7-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella M. Holland

(a) Residence No. 2923 E. monument St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of Sydney E. Holland

6-DATE OF BIRTH (month, day and year) May 24, 1868

7-AGE. 56 yrs. 7 mos. 20 ds. If LESS than 1 day ....hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer)..... 37
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Spencer L. Robinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Margaret E. Cain

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14 (Informant) Sydney E. Holland
(Address) 2923 E. Monument

15- Filed..... 192 Robert P. Harrison, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 13/1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13 1925 to Jan 13 1925 that I last saw h.. alive on Jan 13 1925 and that death occurred, on the date stated above, at 7.20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chilbert Artigiani, M D

, 19 (Address) 2942 E. Fayette St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — DATE OF BURIAL: Jan 16 1925, 19..

20-UNDERTAKER: Zirkler & Zirkler — ADDRESS: 1739 E. Eager St

Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94114 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 E. Lor. Fulton ave (ST.) 19th (WARD) St

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evaristo McPherson

(a) RESIDENCE No. 1625 Edmondson ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Fifer yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David L. McPherson

6 DATE OF BIRTH (month, day, and year) Oct 26/1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jane B. Kemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Evaristo McPherson (daughter)
(Address) 1625 Edmondson ave

15 Filed Jan 15 1925, 192 Robert F. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14th 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) At once yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D. (Coroner)

Jan 14th 1925 (Address) Curtis Bay, Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Jan 17 1925

20 UNDERTAKER Fowler & Dirkler ADDRESS 1739 Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 94115

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 Harlem Ave ST. 16 WARD) 101-5

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Stalfort

(Residence in Baltimore: No. 2035 Harlem Ave St.; yrs., 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	child

6-DATE OF BIRTH, October (Month) 10 (Day), 1924 (Year)

7-AGE, yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Henry Stalfort

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Myrtle Mary Hyland

13-BIRTHPLACE OF MOTHER (State or Country), Mississippi

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Myrtle Stalfort

(Address) 2035 Harlem Ave

15- Robert P. Harrison,

Filed JAN 15 1925, 191.... Registrar.

Burial Permit C

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5 1925, to January 7 1925, that I saw him alive on January 7 1925, and that death occurred, on the date stated above, at 6 20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) influenza

(Duration) yrs. mos. ds.

(Signed) Alvin S. Rollhaus M. D.

January 15., 1925. (Address) 2108 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem. Co	Jan. 17., 1925
20-UNDERTAKER	ADDRESS
Josiah Syfer	1600 W. North ave

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

D 94116

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Jane Ave St., Irvington 20-1 WARD)

REGISTERED NO. 94-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Fitzgerald

(a) RESIDENCE No. 510 Jayne Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Fitzgerald

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Fitzgerald (Address) 510 Jane ave

15 Filed JAN 15 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 19 25

17

I HEREBY CERTIFY, That I attended deceased from Aug 31, 1924, to Jan 13, 1925.

that I last saw him alive on Jan 13, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 5 yr.

Bronchitas 3 months (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac asthenia (duration) mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Chas. D. Coolahan, M. D.

19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 16 1925
20 UNDERTAKER	ADDRESS
Chas. P. Crane	Hon Mont Royal Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94117

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94117

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1534 W. Lexington ST., 19-1 WARD)

2-FULL NAME Solomon Irish Banks

(a) RESIDENCE NO. 1534 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? Unknown ms. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	45	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) 2410 Edmondson Ave.

15 Filed JAN 25 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22 — 1924, to Jan. 11 — 1925, that I last saw him alive on Jan. 10 — 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) about 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Upon Inquiry

(Signed) C. L. McCathran, M. D.

19 (Address) 2410 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/15 1925

20 UNDERTAKER J. F. Bakey Sons

ADDRESS 1318 Eutaw

CAUSE OF DEATH must be properly classified. Exact statement of ... may be necessary. See instructions on back of certificates.

TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 94118

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94118

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospitals ST., 271 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Smith

(a) RESIDENCE NO. 400 W. Camden ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Martin Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Gertrude Diethrich

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Municipal Hospital Records
(Address)

15 Filed JAN 15 1925, 19.....

Robert P. Harrison,
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-1925

17 I HEREBY CERTIFY, That I attended deceased from 1-10, 1925, to 1-13, 1925,

that I last saw h.. alive on 1-13, 1925

and that death occurred, on the date stated above, at 1:40 a m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Claude G. Drace, M. D.

1-14 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cem	1/15 1925
20 UNDERTAKER	ADDRESS
J. J. Gahagan & Sons	131 S. Eighth St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94119

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94119

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Morgan

(a) RESIDENCE NO. Levering House ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widowed.

5a If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
~~(or) WIFE of~~ Unknown

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Eugene Morgan

11 BIRTHPLACE OF FATHER (city or town) Wales
(State or country)

12 MAIDEN NAME OF MOTHER Katherine ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant W. L. Miller M.D.
(Address) Municipal Hosp

15 Filed JAN 15 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-7- , 1925, to 1-13- , 1925,
that I last saw h alive on 1-13- , 1925
and that death occurred, on the date stated above, at 1.10 P m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Miller. M. D.

1/14 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 1/16 1925

20 UNDERTAKER J. J. Daley Sons — ADDRESS 131 S Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC[illegible] TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94120

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2nd Gen Hosp ST., 11-2 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Flemming

(a) RESIDENCE NO. Savage, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 37 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena R.

6 DATE OF BIRTH (month, day, and year) Dec. 9, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

PARENTS

10 NAME OF FATHER Otho Flemming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) John Flemming Savage Md

15 Filed JAN 15 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15/25 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 19 24, to Jan. 15, 19 25.

that I last saw him alive on Jan. 15, 19 25

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach & pancreas

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

3 hrs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/6/24

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Laboratory

(Signed) no Attendance, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	Jan 17 1925
20 UNDERTAKER	ADDRESS
Edward L Fisher	Laurel Md

CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94121

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94121

CERTIFICATE OF DEATH.

23-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hospt. ST., 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John Ongler

(a) RESIDENCE NO. 1415 Patapsco ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Ongler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. Stuby. 1425 Patapsco

15 Filed ... 1925 ... 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 13 1925 to Jan 14 1925, that I last saw him alive on Jan 14 1925, and that death occurred, on the date stated above, at 8:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
chronic myocarditis
chronic Pericarditis
chronic nephritis
(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation
(duration) yrs. mos. 12 hrs.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Jos. Hubert Watkins, M. D.

1/14/25 (Address) West. Balto. Gen. Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 1/16 1920

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Front

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94122

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94122

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 William ST. 24-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Louise O'Brien

(a) RESIDENCE NO. 1415 William ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Wm O'Brien

6 DATE OF BIRTH (month, day, and year) April 3 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	62	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Geo H. Heiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Cath Weaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Geo Wm O'Brien
(Address) 1415 William

15 Filed 1-15 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1924, to Jany 13, 1925, that I last saw h.. alive on 1, 13, 1925, and that death occurred, on the date stated above, at 2.8 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(over)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) E. J. Turlington M. D.

1.14 1925 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 1/17 1925

20 UNDERTAKER L. Fenwick McCully

ADDRESS 130 E. Fort

CAUSE OF DEATH IN PLAIN TERMS, SO that it may be properly classified. Exact statement of OCCUPATIONS on back of certificates. TION is very important. See instructions

Spec– 12-23-21–E.B.R.S.—400 Blks.

D 94123

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 S Lakewood ave., 1 Ward)

Registered No. 1-2-90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Banaszewski

(a) Residence No. 511 S Lakewood ave., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Banaszewski

6-DATE OF BIRTH (month, day and year): March 30 1866

7-AGE: 59 yrs. 9 mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Labor

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: William Banaszewski

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Banaszewski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-

(Informant): Barbara Banaszewski

(Address): 511 S Lakewood ave

15-

Filed 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): January 12 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1925 to Jan. 12 1925

that I last saw h alive on Jan 12, 1925

and that death occurred, on the date stated above, at 11/55 8 m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Krajer M. D

19 (Address) 2627 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross cem	Jan. 16, 1925
20-UNDERTAKER	ADDRESS
Wendell Dyer & Son	378 N

Spec.—1-10-21—M&T—1500 Blks.

D 94124

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94124

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., W 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Banemacky

(a) RESIDENCE NO. 116 S. Chapel St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 if yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1904

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
21	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Peter Banemacky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Gerber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 6 1925, to Jan 13 1925, that I last saw him alive on Jan 13 1925, and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Acute osteomyelitis, L. tibia, left inguinal lymphadenitis, sepsis, toxaemia

(Chronic osteomyelitis, left hip.)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) disease Chronic nephritis, amyloid (duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings

(Signed) H. C. Marten M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Jan 16 1925

20 UNDERTAKER: Wendell Dysell & Son — ADDRESS: 375 Pa

JAN 15 1925

TION is very important. See instructions on back

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94125

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94125

CERTIFICATE OF DEATH.

8 154-00

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2030 E. North ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland Ehrhart

(a) Residence No. 2030 E North ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12-22-24

7-AGE. ..... yrs. ..... mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Lawrence R. Ehrhart

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Margaret A. Gerrard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Walnutsh Md

14- (Informant) Lawrence R. Ehrhart

(Address) 2030 E. North ave

15- Filed JAN 16 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-14-25

17- I HEREBY CERTIFY, That I attended deceased from 12/22 ..... 1924 to 1/14 1925

that I last saw him alive on 1-14 1925

and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Fracture frontal bone

(Duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary) unknown

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical Signs

(Signed) David Miller M. D

, 19 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem

DATE OF BURIAL. Jan 16 1925

20-UNDERTAKER. John O. Mitchell

ADDRESS 1201 W Fayette St

Spec.—1-10-21—M&T—1500 Blks.

D 94126

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94126

CERTIFICATE OF DEATH.

8-274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 E Federal ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M Bristow

(a) RESIDENCE No. 2322 E Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie P Bristow

6 DATE OF BIRTH (month, day, and year) Oct 14 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain of Phila

(b) General nature of industry, business, or establishment in which employed (or employer) Steam Boat Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chesapeake City Maryland

PARENTS

10 NAME OF FATHER William R Bristow

11 BIRTHPLACE OF FATHER (State or country) Elk Neck Maryland

12 MAIDEN NAME OF MOTHER Catherine A Stoops

13 BIRTHPLACE OF MOTHER (State or country) Elk Neck Maryland

14 Informant (Address) Mrs Mollie P Bristow 2322 E Federal st

15 Filed JAN 15 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 4th, 1925, to Jany 14, 1925, that I last saw him alive on Jany 8th, 1925, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) abtenosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J W Keown M. D.

1/15/1925 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wood Lawn Cem

DATE OF BURIAL Jan 17 1925

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94127 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94127

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Women's Home St., 19-190 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah F Harlan

(a) Residence No. 1400 W Lexington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, W H

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 12 1844

7-AGE, 81 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Richard Worthington

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER Sarah Lynch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs J Jones

(Address) 400 W Lexington St Balto

15-

Filed ..... 192.....

Registrar.

JAN 15 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 14 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 4, 19.....to Jan 14, 19.....

that I last saw h alive on....., 19.....

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Norwood M. D.

Jan 16 1925 (Address) 1639 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 16 1925

20-UNDERTAKER, George J Smith — ADDRESS 152 Holland St

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94128

CERTIFICATE OF DEATH.

D 94128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. Payson ST., 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Earl Frederick

(a) RESIDENCE No. 1221 N Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12/1912

7 AGE — Years: 12 — Months: 2 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Butler, Md.

PARENTS

10 NAME OF FATHER: Geo. A. Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md.

12 MAIDEN NAME OF MOTHER: Addie B. Lovett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Butler Co. Md.

14 Informant: Geo A Frederick

(Address): 1221 N Payson St

15 Filed Jan 15 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany. 13, 1925, to Jany 14, 1925, that I last saw h in alive on Jany 14, 1925 and that death occurred, on the date stated above, at 8 55 P m.

The CAUSE OF DEATH* was as follows:

acute Gastritis, Milk very rapid Mesenteric

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Jaundice Paralysis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. Edmunds, M. D.

Jan 15, 1925 (Address) 1605 N. Monroe Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Jan 17 1925

20 UNDERTAKER: George J. Smith — ADDRESS: 532 Hollins

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94129

D 94129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 72 Annapolis Ave ST. 25th WARD) Mt Hermans

REGISTERED NO. 162 2253

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Brooks

(a) RESIDENCE. No. 72 Annapolis Ave ST. 25 A. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 3 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 72 Annapolis Ave Balto, Md.

PARENTS

10 NAME OF FATHER Clinton Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Ida Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cherry Hill ~~Prince Georges Co.~~ Balto Co. Md

14 Informant Mary Ida Brooks (Address) 72 Annapolis Ave.

15 Filed . 19 Robert P. Harrison, Registrar

JAN 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-12-1925

17 I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19 ,

that I last saw h alive on . 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

Lived 3 minutes.

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Henry F. Buettner, M. D.

. 19 (Address) 1273 William St. Health Officer 25th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-16-25
20 UNDERTAKER David Carson	ADDRESS Pre

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94130

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Parrish st ST.: 15-13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nelson Mc-Guire

(a) RESIDENCE. No. 1410 Parrish st. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ? 1892

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Henrietta Brown (Address) 339 Bloom St.

15 Filed Jan 16 1925 Robert P. Harrison, Registrar

151925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13- 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-27- , 1924 to 1-13- , 1925

that I last saw h in alive on 1-11- , 1925

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Vascular Disease

from History & Mos

Personal Knowledge (duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? ✓

(Signed) George C. Page M. D.

, 19 (Address) 1116 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Jan 16 1925

20 UNDERTAKER Mrs Jas. H. Dennis & T. E. Nelson ADDRESS 1303 Presstman St

FION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94131

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94131

CERTIFICATE OF DEATH.

25-11-001

Registered No. 25-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 1201 Brentwood St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Barnes

(a) Residence No. 1201 Brentwood St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. W

5-Single, Married, Widowed or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Barnes

6-DATE OF BIRTH (month, day and year) March 5, 1846

7-AGE. 78 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEDENT
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balt Md

PARENTS

10-NAME OF FATHER, Hugh Hardy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Elizabeth Degroff

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto City Md

14-
(Informant) Mrs. Company
(Address) 1211 Brentwood

15-
Filed JAN 15 1925 19.. Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 13-25

17- I HEREBY CERTIFY, That I attended deceased from 1-10- 1925 to 1-13 1925 that I last saw h.. alive on 1-13- 1925 and that death occurred, on the date stated above, at 11P m. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia 3 days
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Grippe
(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Preston Davis M. D
19 (Address) 1211 Brentwood

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19..
Western Cemetery	Jan 16 25
20-UNDERTAKER, Bernard A Fink	ADDRESS 1017 Valley St

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94132 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 94132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St., 13-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Misanna Kleinpeter

(a) Residence No. 3325 Paine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo Kleinpeter

6-DATE OF BIRTH (month, day and year) June 7/1858

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore, Md (State or Country),

PARENTS.

10-NAME OF FATHER, Geo. L. Geesey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Municipal Hospital Records

(Address)

15- Filed JAN 16 1925 ROBERT R. KRAUSE, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-15-25

17- I HEREBY CERTIFY, That I attended deceased from 12-24, 1924, to 1-15, 1925

that I last saw h.. alive on 1-14, 1925

and that death occurred, on the date stated above, at 5-20 a. m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

Senile Dementia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sob

(Signed) Claude S. Jones, M. D.

1-15, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St. Mary's Cemetery. DATE OF BURIAL, 1/17, 1925

20-UNDERTAKER, Walter Davis ADDRESS 3307 Paine St

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94133

CERTIFICATE OF DEATH.

D 94133

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Hebrew Hospital ST., 3-1 WARD)

2-FULL NAME Louis Finkelstein

(a) RESIDENCE NO. 135 Exeter St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? 17 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Finkelstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abe Finkelstein

(Address) 135 Exeter St

15 Filed ..., 19... ROBERT R. KRAUTER, Registrar

JAN 16 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-10 ..., 1925, to 1-15, 1925.

that I last saw him alive on 1-15, 1925.

and that death occurred, on the date stated above, at 2 P M m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis (with uremia)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes ? 9 arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab.

(Signed) Isidore D. Fry M. D.

Jan. 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1/16 1925

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94134 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2208 Callow ave St., 13-67 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Goldberg

(a) Residence No. 2208 Callow ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	white	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE	If LESS than 1 day
69 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Dave Goldberg

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

11-

(Informant) Sam Brown

(Address) 2208 Callow ave

15-

Filed JAN 16 1925 19.. BUREAU OF VITAL STATISTICS Registrar.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1925 to Jan 15 1925

that I last saw h. alive on Jan 16 1925

and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Some
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis Cr Hemorrhage (Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Frank J. Kuntz M. D

19 (Address) 927 S. Edwards St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Henson Funeral Chapel	1/16 1925
20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 E Balt St

Burial Permit Issued

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94135

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94135

CERTIFICATE OF DEATH.

9-6161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1605 Lamont ave St. 9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. S. Vesta Eagan

(a) Residence No. 1605 Lamont ave St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 27/24

7-AGE. — yrs. — mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew C Eagan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Gladys M Barrington

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

11- (Informant) Andrew Eagan

(Address) 1605 Lamont av

15- JAN 16 1925 ROBERT S. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 19 24 to Jan 15 19 25

that I last saw h alive on Jan 11 19 25

and that death occurred, on the date stated above, at 1130P m.

The CAUSE OF DEATH* was as follows:

Premature birth & Malnutrition

also Congenital deformity, T.

Fatal

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Embrynic

Did an operation precede death? not Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) O O Caraman M. D.

1-16- 19 25 (Address) 1701 N Caroline st

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Vincent Cemetery.

DATE OF BURIAL, Jan 16 1925

20-UNDERTAKER. Geo. J. Ruth

ADDRESS 1235 Hayford ave.

Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94136

CERTIFICATE OF DEATH.

1460 94136

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST., 27-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gisella Augustine

(a) RESIDENCE No. 4337 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) April 5-1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER: Rudolph Augustine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Dora Ritter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary

14 Informant: Otto Possman
(Address): 4337 Greenmount Ave

15 Filed ..... 192 ..... Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Septicemia-septic sore throat

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) abortion-cause undetermie

(duration) yrs. mos. ds.

(Signed) J. S. H. Pues, M. D.
(Coroner.)

1-16-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	Jan 17 192
20 UNDERTAKER	ADDRESS
Wm Groll Son	Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

1745
D 94137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

D 94137

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meta A. Muller

(a) RESIDENCE NO. 304 Chamberlain Court WARD Ethol Ave Catonsville

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Louis Muller

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..min.
	76	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER H. H. Grant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER S. Witte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 16 1925, 19 RUELL A. KRAUTER Registrar

SOCIAL SERVICE WORK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Jan 14, 1925, that I last saw h-alive on Jan 14, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

chronic nephritis & Uremia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Rob. W. Downing 2d Jr. M. D.

1/15/25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	1/16 1925
20 UNDERTAKER	ADDRESS
H. O. Weaver & Son	805 N. Calvert St

TION is very important. See instructions on back of certificates. ...ing the property classified. EXACT STATEMENT OF OCCUPA...

Spec– 12-23-21—E.B.R.S.—400 Blks.

D 94138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94138
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 851 W Lombard Street St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Judaitis or Smith

(a) Residence No. 851 W Lombard St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-If Single, Married, Widowed, or Divorced. (Write the word.)
F	W	

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mik Judaitis

6-DATE OF BIRTH (month, day and year) Unk. 1885

7-AGE.	If LESS than 1 day,
40 yrs. — mos. — ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town). Lithvania
(State or Country).

PARENTS.

10-NAME OF FATHER, Stasis Znikavskas

11-BIRTHPLACE OF FATHER (city or town). Lithvania
(State or Country).

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). Lithvania
(State or Country).

14-
(Informant) Mik Judaitis
(Address) 851 W Lombard Street

15-
Filed JAN 10 1925 (1925) RUFUS S. KRAUSE
Registrar.
Burial Permit Issued.

(Instructions on back of certificate.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 15. 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1924 to Jan 14 1925
that I last saw her alive on Jan 14 1925
and that death occurred, on the date stated above, at 2 A m.
The CAUSE OF DEATH* was as follows:

Carcinoma

(1 year)

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.
, 19 (Address) 604 S. Paca St. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Jan. 17 - 25 19

20-UNDERTAKER.	ADDRESS
John Grabliauskas	425 S Paca St.

FD

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94139

CERTIFICATE OF DEATH.

31 V

D 94139

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital 1-3 ST. WARD)

2-FULL NAME Charles Noon

(a) RESIDENCE. NO. 920 S. Binney st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 2. 1877 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Luke Noon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Fanny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records (Address) M.T.H.

15 Filed JAN 16 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14, 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 19 24, to Jan. 14 25. that I last saw him alive on Jan. 14 25. and that death occurred, on the date stated above, at 10.25 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 4 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray, Laboratory

(Signed) J. D. White M. D.

1-15-25 (Address) Municipal Tbc. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL Jan 17 1925

20 UNDERTAKER H. Sander Sons ADDRESS 1120 Hart St

CAUTION—Burial Permit may be properly issued. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 D 94140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 810 N. Gilmor ST., 167 WARD)

2-FULL NAME Rebecca Sinns

(a) RESIDENCE NO. 810 N. Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Sinns

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE — Years: 42 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Downingtown Pa.

PARENTS

10 NAME OF FATHER: Seymour Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Eddie Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Chas Sinns 810 N. Gilmor St.

15 Filed JAN 16 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1924 to Jan 14, 1925.

that I last saw her alive on Jan 14, 1925.

and that death occurred, on the date stated above, at 6 45 p m.

The CAUSE OF DEATH* was as follows:

acute Pneumonia
Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) General Exposure & Cold (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) Ed. Hall, M. D.

, 19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Downingtown Pa. DATE OF BURIAL: 1/17 19 25

20 UNDERTAKER: Samuel F. Hemsley ADDRESS: 2038 Bolton St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94141

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94141

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Boy View Hospital

CITY OF BALTIMORE: (No. 100-00 ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Allen

(a) RESIDENCE No. 612 Gerge ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Blk	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Georgeina Allen

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do

14 Informant Boy View Hospital (Address)

15 Filed ..... 19 ..... Registrar

JAN 10 1925 ROGER A. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1925, to Jan 13, 1925

that I last saw h alive on Jan 13, 1925

and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Boy Chronic with Cerebral Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) A. Goldsmith M. D.

1/13/1925 (Address) Boy View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/17 1925
20 UNDERTAKER	ADDRESS 578 W Baltimore
Samuel F. Hawley	

TION is very important. See instructions on back of certificates.

Cor.—1...2...3...4&5...6 Bks.

B 94142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 94142

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE, (No. 2212 Mace ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johnnie E. Smith

(a) RESIDENCE NO. 2212 Mace ST., 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70.		7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md

12 MAIDEN NAME OF MOTHER Bermuda Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md

14 Informant Florence Donnelly
(Address) 2212 Mace St

15 Filed JAN 16 1925 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jaundice
Disease of
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)

Jan 15, 1925 (Address) 769 Rolland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 1/16 1925

20 UNDERTAKER Samuel P. Kennedy — ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

D 94143

HEALTH DEPARTMENT—CITY OF BALTIMORE 94143

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Johns Hopkins Hospital.

CITY OF BALTIMORE: (No. ..... ST., 17-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Woods

(a) RESIDENCE NO. 116 - W 23rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Woods

6 DATE OF BIRTH (month, day, and year) Dec, 15 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Harriett Swann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harriett Swann (Address) 116 - W 23rd

15 Filed ....., 19..... ROGER T. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 .1925. to Jan 13 .1925.

that I last saw her alive on Jan 13 .1925.

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis - puerperal

full term

(Operation, delivery)

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Jan 6th 25

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) E L Stone M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/16 1925
20 UNDERTAKER Samuel A Frushby	ADDRESS 1728 W Balto

Municipal Records Center

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94144 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94144

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Harford Ave ST.: 9-2 WARD) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie I. Waltz

(a) RESIDENCE. No. 3004 Harford ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Saml. E. D. Waltz

6 DATE OF BIRTH (month, day, and year) Feby 26th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Rich Crew.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Susie I. Crew.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Mds

14 Informant Mrs H. Waltz
(Address) 3004 Harford ave

15 Filed JUL 16 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1924, to Jan 14th 1925, that I last saw her alive on Jan 13th 1925, and that death occurred, on the date stated above, at. 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Robert E. Kirk, M. D.

1/16, 1925 (Address) 3126 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Jan 17th 1925

20 UNDERTAKER Shannahan & Coyles ADDRESS 1604 Pennsylvania ave

TION is very important. See instructions on back of certificates.

Cor.—1-12-21—M&T—100 Bks.

D 94145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-2 100-001 D 94145

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 N. Duncan St ST., 8 WARD)

2-FULL NAME James B. Langrall

(a) RESIDENCE NO 1842 N. Duncan St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Sept 24-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Langrall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anna McCormick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Henry Langrall
(Address): 1842 N Duncan ST

15 Filed JAN 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia (Primary)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Yates, M. D.
(Coroner.)

1-15-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 16 1925
20 UNDERTAKER	ADDRESS
Chas. P. Travers & Son	118 W. Mt. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94146

1-PLACE OF DEATH

City of BALTIMORE: (No. 4823 O Donnell St., 46-27 Ward) Registered No. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma Kramer

(a) Residence No. 4823 O Donnell St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of James H Kramer

6-DATE OF BIRTH (month, day and year) April 21 1886

7-AGE. 68 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Thorn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balt

12-MAIDEN NAME OF MOTHER, Eliza Sanders

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balt

14- (Informant) James H Kramer

(Address) 4823 O Donnell

15- Filed JAN 16 1925 Registrar.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). January 14 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1924 to Jan 14 1925

that I last saw her alive on Jan 4 1925

and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 6 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frederick J Kramer M. D

Jan 15 1925 (Address) 1913 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Dale Lawn	Jan 18 1925
20-UNDERTAKER.	ADDRESS
Wendell Wyel & Son	3718 Penn

D 94147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 94147

1-PLACE OF DEATH

City of BALTIMORE: (No. 504 Hanover St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Smallwood

(Residence in Baltimore: No. Now 504 Hanover St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. about 1857
(Month) (Day) (Year)

7-AGE. 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rosie Glenn

(Address) 607 Greenwillow St

15- JAN 16 1925 ROBERT R. KRAUTER, Registrar.

Filed 192 Social Service Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 12, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) yrs. mos. ds.

(Signed) J. Hennessy M. D.
(Coroner.)

Jan 15 1925 (Address) 2 E. Fayette St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	1-17-1925
20-UNDERTAKER. James F Gordon	ADDRESS 916 Ea ave

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94148
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1609 Covington St. St., 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjiman Preston

(a) Residence No. 1609 Covington St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Preston

6-DATE OF BIRTH (month, day and year) Sept. 12 185[illegible]

7-AGE. 68 yrs. 4 mos. 1 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of Industry, business, or establishment in which employed (or employer): 240 Street
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Wm. T. Preston

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Julia Norris

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14-
(Informant): Mrs. Mary E. Preston
(Address): 1609 Covington

JAN 16 1925
Filed 192 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1-13-25

17- I HEREBY CERTIFY, That I attended deceased from 1-7-25 19 to 1-13-25 19
that I last saw h[illegible] alive on 1-12-25 19
and that death occurred, on the date stated above, at 8.30a. m.
The CAUSE OF DEATH* was as follows:

5 days.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bruise & infenching Left Hip
(Duration) 1-7-25 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Full Cross & William St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) O.B. Fowler M. D.
1-15-25 19 (Address) 1432 William St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Arlington Md.	1/16 1925
20-UNDERTAKER.	**ADDRESS**
I. Few McCully	130 E. Fort

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94149

CERTIFICATE OF DEATH.

74-001

D 94149

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 509 S. Chester St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Joseph Cahill

(a) Residence No. 509 S. Chester St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (~~WIFE~~) Agnes Cahill.

6-DATE OF BIRTH (month, day and year) Oct. 10th 1860

7-AGE. 64 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Engineer

(b) General nature of Industry, business, or establishment in which employed (or, employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER, Daniel Cahill

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Frances Doyle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) Agnes Cahill (Wife)

(Address) 509 S. Chester St.

15-

Filed JAN 16 1925, 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 14th 1925

17- I HEREBY CERTIFY, That I attended deceased from 11-13 1924 to 1-13 1925

that I last saw h.. alive on 1-12 1925

and that death occurred, on the date stated above, at 10 20/P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Daniel J. Cahill, M. D.

19 25 (Address) 509 S. Chester

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL, Jan 17 1925

20-UNDERTAKER, Lilly & Sister — ADDRESS 405 S. Wolfe St.

Instructions on back of certificates.

KODAK

Spec.—1-10-21—M&T—1500 Bks.

D 94150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 94150

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 Spring St. ST., Morrell Park WARD 25)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis John Coleman

(a) RESIDENCE NO. 1237 Spring St. ST., Morrell Park WARD 25 City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30 1896

7 AGE 28 Years Months 3 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Tube Co.

(c) Name of employer Balto Tube Co.

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Charles W Coleman

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Margaret Hoffheinz

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant (Address) 1237 Spring St. Morrell Park City

15 Filed JAN 16 1925 19 ROBERT R. KRAUTER, Registrar

Assist. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Jany 5 1925, to Jany 14 1925

that I last saw h[illegible] alive on Jany 14 1925,

and that death occurred, on the date stated above, at 8-15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Stewart McKeffen M. D.

Jany 15 1925 (Address) 2320 Park Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Jan 17 1925 — DATE OF BURIAL

20 UNDERTAKER H. M. Cook — ADDRESS 612 E. Fayette St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94151

CERTIFICATE OF DEATH.

D 94151

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 26 S. Castle St. St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Emma Burns

(a) Residence No. 26 S. Castle St. St., 7 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: John Burns.

6-DATE OF BIRTH (month, day and year): Oct. 25-1887

7-AGE. 47 yrs. 2 mos. 19 ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. md.

PARENTS.

10-NAME OF FATHER: George Albrich

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto. md.

12-MAIDEN NAME OF MOTHER: Mary Bauer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. md.

11- (Informant): Frank V. Rautsch

(Address): 26 S. Castle

13- Filed ..... 19.. JAN 16 1925 ROZELLE L. KRAUSER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

10-DATE OF DEATH (month, day and year): Jan. 13-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1925 to Jan 13 1925

that I last saw h.. alive on Jan 12 1925

and that death occurred, on the date stated above, at 1:58 P.M.

The CAUSE OF DEATH* was as follows:

Tumor of Brain

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. C. Heaver M. D.

1/14 1925 (Address) 390 Gaither Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: Jan. 17 1925

20-UNDERTAKER: Lilly & Zile — ADDRESS: 403 S. Wolfe St.

Instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

D94152 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94152

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 76-5 ST., 100-001 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kraemer

(a) RESIDENCE NO. 3302 Hudson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 12-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	—	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Kraemer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Clara Dudgeon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 16 1925, 19 ROBERT R. KRAUSTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1925, to Jan 15, 1925, that I last saw her alive on Jan 15, 1925, and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Primary

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Alfred Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Jan 17 1925

20 UNDERTAKER Lilly & Zulu ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94153

CERTIFICATE OF DEATH.

1929 D 94153

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Hosp ST., 25-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunegunda Linsenmeyer

(a) RESIDENCE No. 614 Patapsco Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Linsenmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katharine Dreeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo. Smith
(Address) 614 Patapsco St.

15 JAN 10 1925 ROBERT R. KRAUTER
Filed ... 192... Registrar
Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Chr. Diabetes Mellitus

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Kenney, M. D.
(Coroner.)
Jan 14, 1925 (Address) 2102 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a a Co.	1-17 1925
20 UNDERTAKER	ADDRESS
Earl B Harle	1158 W Fort Av

Spec.—1-10-21 M&T 1500 Blks.

D 94154

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94154

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Hanover ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria M. Bass.

(a) RESIDENCE No. 1615 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 4 1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Oliver Bass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Oliver Bass (Address) 1615 Hanover St

15 Filed ..... 19 ..... WILLIAM R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1924 to Jan 16, 1925 that I last saw h alive on " ", 19 and that death occurred, on the date stated above, at 2.05 A m.

The CAUSE OF DEATH* was as follows:

Cardio Enteritis

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Ephranchan

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Jas R & L Campbell M. D.

1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill. DATE OF BURIAL 1-17 1925

20 UNDERTAKER E & B Harle ADDRESS 15 & West St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 94155 (1) PLACE OF DEATH

D 94155 REGISTERED No. C

CITY OF BALTIMORE (No. Kernan Hospital St.: 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline Ferraro

(Residence in Baltimore: No. 1004 Eastern ave St.: 3 yrs. 6 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 28th, 1921 (Month) (Day) (Year)

7-AGE: 3 yrs. 5 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Charles Ferraro

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Mary Cuneo

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Ferraro

(Address) 1004 Eastern ave

15- JAN 16 1925 Filed, 191 ROBERT E. KRAMER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January, 14th, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1925, to Jan. 14 1925 that I saw her alive on Jan. 14, 1925; and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Pyelitis

(Duration) yrs. mos. 21 ds.

(Signed) Benjamin Tappan M. D.

, 191 (Address) 1102 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. 1 mos. 12 ds. In the State 2 yrs. 5 mos. 18 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1004 Eastern Avenue,

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: January 17, 1925

20-UNDERTAKER: Rudell & Pfeffel & Son — ADDRESS: 310 inmm

(1) PLACE OF DEATH. The exact place where death occurred should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94156

HEALTH DEPARTMENT—CITY OF BALTIMORE

155

CERTIFICATE OF DEATH.

D 94156

Registered No.....

1-PLACE OF DEATH Bay View Hospital

City of BALTIMORE: (No. Bay View Asylum St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Fox

(a) Residence No. 25 S. High Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced (Write the word.) married

5a-If married, widowed, or divorced) HUSBAND of (or) ~~WIFE of~~ Anna Fox.

6-DATE OF BIRTH (month, day and year) 1852

7-AGE 72 yrs. mos. ds. If LESS than 1 day hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS

10-NAME OF FATHER Wm George Fox

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Anna Sanderbeck

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Germany

11- (Informant) Hospital Records— Bay View Hospital

15- Filed JAN 16 1925 ROBERT S. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 15-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1924 to Jan 15 1925

that I last saw h living on Jan 15 1925

and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows:

Osteomyelitis, of Mandible following infection around tooth Sub Pectoral Abscess—

(Duration) yrs. mos. 45 ds.

CONTRIBUTORY (Secondary), Terminal Bronchopneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12-29-24

Was there an autopsy? No

What test confirmed diagnosis? Lab & Clinical Data

(Signed) Jas. P. Champe Jr. M. D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cem	Jan 17 1925
20-UNDERTAKER. Peter Nicholas 2060	ADDRESS Eastern Ave

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94157 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94157

CERTIFICATE OF DEATH.

6-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 1130 N. East Ave St., Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Paul J. Harris

(a) Residence No. 1130 N. East Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-~~Single, Married, Widowed, or Divorced~~ (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of Mary McCabe

6-DATE OF BIRTH (month, day and year) ~~—~~ 1875

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Eng. Patrol

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Paul J. Harris

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Ramsay

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto. Md.

14- (Informant) Mrs. Mary Harris

(Address) #815 S. Paul

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1.15.25

17- I HEREBY CERTIFY, That I attended deceased from 11. 1. 1924 to 1. 15. 1925 that I last saw him alive on 1. 14. 1925 and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Chronic Nephritis
Chronic Cystitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J Edward Morris M. D.

1.16.25 (Address) 107 E. West St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Cem DATE OF BURIAL, 1/17 1925

20-UNDERTAKER J. Bailey & Sons ADDRESS 518 Light St

Instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 94158

HEALTH DEPARTMENT—CITY OF BALTIMORE

94158

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. 1st Brooklyn 25 WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J. Edwards

(a) RESIDENCE NO. 215 S. 1st ST., 25 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colt	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Garrison Edwards

6 DATE OF BIRTH (month, day, and year) July 16 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (City or town) Annapolis Md
(State or country) Mary Land

PARENTS

10 NAME OF FATHER Amos Henson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jemima Howard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Maude E. Nelson
(Address) Calvary Park Bryan

15 Filed JAN 16 1925, 19.. Robert ... Registrar
Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1924, to Jan 14, 1925.

that I last saw her alive on Jan 13, 1925.

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

(duration) yrs. 1 mos 1/2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination.

(Signed) Wm. Ufert, M. D.

, 19 (Address) 816 - Pennington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Furnace Branch A&Co	Jan 17 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94159 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94159

CERTIFICATE OF DEATH. 25-74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 403 Patapsco Ave ST., Brooklyn WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma C Potee

(a) RESIDENCE NO. 403 Patapsco Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Potee

6 DATE OF BIRTH (month, day, and year) JULY 17 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edwin Clark

11 BIRTHPLACE OF FATHER (city or town) Prince George (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Goldhart

13 BIRTHPLACE OF MOTHER (city or town) Anne Arundel Co (State or country) Maryland

14 Informant (Address) Mrs Mary C Cris Patapsco Ave & 12 St.

15 Jan 16 1925 Robert P. Harrison, .19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 17 1924 to Jan 15 1925

that I last saw h-e alive on Jan 15 1925,

and that death occurred, on the date stated above, at 1.a. m.

The CAUSE OF DEATH was as follows: Cerebral Hemorrhage

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) R. W. Johnson M. D.

19 (Address) Brooklyn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Jan 17 1925
20 UNDERTAKER	ADDRESS
John H. Denny	715 Light St

TION is very important. See instructions on back of certificates.

Body at University Hospital morgue

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94160

CERTIFICATE OF DEATH.

4-146

D 94160

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Cinq Parker

(Residence in Baltimore: No. Dont Know St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Man

6-DATE OF BIRTH. ..... 1.....
(Month) (Day) (Year)

7-AGE. 29 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Dont Know
(b) General nature of industry, business, or establishment in which employed (or employer). 087

9-BIRTHPLACE, (State or Country). Dont Know

PARENTS.

10-NAME OF FATHER. " "

11-BIRTHPLACE OF FATHER, (State or Country). " "

12-MAIDEN NAME OF MOTHER. " "

13-BIRTHPLACE OF MOTHER, (State or Country). " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address).....

15-

Filed 1925 192.....

Robert F. Harrison, Registrar.

Deputy Permit Clerk

0058

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 7 192.5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septic Bronchial Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Septic Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) H K Fremaden M. D.
(Coroner.)

1-13 1925 (Address) H K Fremaden

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND. DATE OF BURIAL. ..... 19....

20-UNDERTAKER. Dept. of Health, For Wm. E. Woodall.

ADDRESS JAN 16 1925

Spec.—1-10-21—M&T—1500 Blks.

(Egtvad)

D 94161

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94161

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Egtved

(a) RESIDENCE NO. 109 Penn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4/3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Egtvad

6 DATE OF BIRTH (month, day, and year) Sept 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	77	4	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant Municipal Hospital Records (Address)

15 Filed 1-16 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-13, 1925, to 1-14, 1925,

that I last saw h— alive on 1-14, 1925

and that death occurred, on the date stated above, at 8:50 P. m.

The CAUSE OF DEATH* was as follows:

Senile Detenration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronco-Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Clark D. Howe M. D.

1-16, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Jan 17 1925
20 UNDERTAKER Wm Cook	ADDRESS 532 E Fort Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94162

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 213 Ware St., 17-3 WARD

REGISTERED NO. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Logan

(a) RESIDENCE No. 213 Ware ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 26- 24

7 AGE — Years: — Months: 4 — Days: 21 — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Laurence Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Maggie Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Laurence Logan 213 Ware St.

15 Filed JAN 16 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1925, to Jan 15, 1925,

that I last saw living on Jan 15, 1925,

and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Staphylococcus

(Duration) ..... yrs. 9 mos. 9 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Ed F Hall, M. D.

, 19 (Address) 2266 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. — DATE OF BURIAL: 1/16 1925

20 UNDERTAKER: Samuel T Brusley — ADDRESS 578 N Bdle

IMPORTANT. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 188 B 03 94163

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST. WARD)

2-FULL NAME Charles Edward Conaway

(a) RESIDENCE No 104 So. Arlington Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 2 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER William Conaway

11 BIRTHPLACE OF FATHER (city or town) N.Y.
(State or country)

12 MAIDEN NAME OF MOTHER Rebbie Culver

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Mrs Rebbie Harrieton
(Address) 104 So. Arlington ave.

15 Filed....., 192 Robert P. Garrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

Run over by Truck owned by C. & K. Laundry Co (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner.)

Jan 16th 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs., ...mos., ...ds. In the State.....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan 19 1925

20 UNDERTAKER John Fields ADDRESS 1200 W Lombard

Spec–12-23-21–E.R.R.S.–400 Bks.

(Macon)

D 94164

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94164

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 8429

City of BALTIMORE: (No. 1615 Hackerly Place St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Macon

(a) Residence No. 1615 Hackerly Place St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of:

6-DATE OF BIRTH (month, day and year): Nov 30 1840

7-AGE: 84 yrs. 1 mos. 14 ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: H. Work

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Phila Pa

PARENTS.

10-NAME OF FATHER: Asked Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Asked Not Known

12-MAIDEN NAME OF MOTHER: Asked Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Asked Not Known

14-Informant: Miss Susie Hays

(Address): 1615 Hackerly Place

15-Filed: Robert P. Harrison, Registrar.

1825

Burial Permit Clerk

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1-15-25

17- I HEREBY CERTIFY, That I attended deceased from 11-18, 1924 to 1-15, 1925, that I last saw h[illegible] alive on 1-15 1925 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Int Nephritis

(Duration) 4 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Dennis Fuller, M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Woodlawn	Jan 17, 1925
20-UNDERTAKER.	**ADDRESS**
W. B. Marshall	3539 Fallsway

Spec.—8-24-14—M. & T.—2000 Blks.

D. 94165

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 94165

CERTIFICATE OF DEATH.

161-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospl St. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby boy Johnson

(Residence in Baltimore: No. 1602 Ashburton St. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	white	——

6-DATE OF BIRTH, 1 - 15 - 25
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 12 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Gertrude M Hayward

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph B. Johnson

(Address) 1602 Ashburton

15-

Filed ....1-7-1925.... 191....

Robert P. Harrison,
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 - 16 - 25, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-15-25 to 1-16-25, that I saw h[illegible] alive on 1-16-25 191..., and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

Prematur

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.

1-16, 191.. (Address) 2906 Fakenham

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Jan. 17, 1925

20-UNDERTAKER J. M. Coulson

ADDRESS 2238 N Monroe

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 94166 — 38 D 94166

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 23-1 WARD)

2-FULL NAME James Williams

(a) RESIDENCE NO. 2402 N Gross St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Julia Williams

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —"— 0410

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER James Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Gloster Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Friend
(Address) [illegible]

15 Filed ..... 1925 .....19.....
Burial Permit Clerk Registrar

Cremated (10.5.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1924, to Jan 10, 1925, that I last saw him alive on Jan 10, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Syphilis of the aorta
M. [illegible] died in suffocating
Empyema

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Syphilis (duration) 20 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? South Carolina

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: JAN 17 1925

20 UNDERTAKER [illegible] ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D. 94167 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 94167

CERTIFICATE OF DEATH 31

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. 76-7 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Mitchell

(a) RESIDENCE No. Unknown ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Blk	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Bay View Hospital (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 20 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1924, to Jan 17, 1925, that I last saw him alive on Jan 17, 1925 and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis with Pulmonary Tuberculosis 2 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) N. E. Edmunds, M. D.

1/20/1925 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL

ADDRESS JAN 20 1925

20 UNDERTAKER Commissioner Health. For Wm. R. Woodall

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94168 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mount Hope Retreat St., 2841 Ward) Registered No. 78

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vera Martin

(a) Residence No. Mount Hope Retreat St., 28 Ward
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 8-1886

7-AGE, 38 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Michael Martin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Pauline Dick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N. Carolina U.S.

14- (Informant) Records of Mt Hope Retreat

(Address) Baltimore Md.

15- Filed 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 15. 1925

17- I HEREBY CERTIFY, That I attendrd deceased from Aug 14- 1922, to Jan 15, 1925

that I last saw h[illegible] alive on Jan 15, 1925

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Epilepsy -

(Duration) 33 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Epileptic Toxemia

(Duration) 3 yrs. 0 mos. 0 ds.

18-Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL, Jan 19, 1925

20-UNDERTAKER E. A. Wedefeld & Son ADDRESS 501 E 22 St

Spec.—1-10-21—M&T—1500 Bks.

D 94169

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94169

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1528. Hollins. ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George R. Rawlings.

(a) RESIDENCE No. 1528. Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Violet Rawlings.

6 DATE OF BIRTH (month, day, and year) Jan 5- 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	42	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work See Man 18 6

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Tel Co. Annapolis Md.

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER John H. Rawlings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bessie Ann Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John H. Rawlings (Address) 1528. Hollins

15 Filed ... 19 Robert P. Harrison, Registrar

Dental Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 ..., 1925, to Jan 16, 1925.

that I last saw him alive on Jan 15, 1925.

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical -

(Signed) Edgar G. Rivero. M. D.

(Address) 1530 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 1/20 1925

20 UNDERTAKER Emcoch

ADDRESS South

TION is very important. See instructions on back of certificates.

1 7 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94170

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94170

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 1302 Aisquith St. St., 9-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME James E. Meade Jr

(a) Residence No. 1302 Aisquith St St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 18 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) February 28 1924

7-AGE. yrs. 10 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country). Balto - Md

PARENTS.

10-NAME OF FATHER, James E. Meade

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER, Ruth A. McCain

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Pa.

14- (Informant) Mr. James E. Meade

(Address) 1302 Aisquith St

15- Filed Jan 17 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1925 to Jan 15 1925

that I last saw h. alive on Jan 15 1925

and that death occurred, on the date stated above, at 5-20 A.M.

The CAUSE OF DEATH* was as follows:

Gastro - Intestinal Intoxication

(Duration) 1 yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mos. 30 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) James E. Meade M. D.

. 19 (Address) 2303 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Jan. 17 1925

20-UNDERTAKER. Henry Hoeck Son — ADDRESS 1301 E Eager St

Spec– 12-23-21–E.B.R.S.–400 Bks.

D 94171

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94171

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 613 E 37th St. St., 9-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth. R. Naumau

(a) Residence No. 613 E 37th St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 2 mos. 1st ds. How long in U. S., if of foreign birth? 5yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) October 31 1897

7-AGE. 27 yrs. 2 mos. 1st ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry J. Naumau

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), md

12-MAIDEN NAME OF MOTHER, Cora. E. Collins

13-BIRTHPLACE OF MOTHER (city or town) Delaware City (State or Country).

14- (Informant) Mrs Cora E. Naumau

(Address) 613 E 37th St

15- Filed ..... 192 ..... Registrar.

Robert P. Harris-D

7-1025

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 23 to Jany 14 1925

that I last saw him alive on Jany 24 1925

and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmo. Tuberculosis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Powers M. D

, 19 (Address) 921 W Clay,

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemy DATE OF BURIAL. Jan. 17 1925

20-UNDERTAKER. Henry Hoen & Son ADDRESS 1201 E Eagt

Cor.—1-12-23—M&T—100 Bks.

D 94172

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94172

CERTIFICATE OF DEATH.

74-061

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Fulton ave. ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia A. Dudley

(a) RESIDENCE NO. 635 N. Fulton ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. G. B. Dudley

6 DATE OF BIRTH (month, day, and year) June 24/1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Colehouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Susan Roxbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Harry S. Barry
(Address) 2201 Roslyn Ave

15 Filed 1925 Robert P. Harrison, Registrar
192
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 1[illegible]5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) no history (duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Jan 14, 1925 (Address) 2512 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jany 17 192[illegible]

20 UNDERTAKER	ADDRESS
Chas. Mitchell	1200 N. Fayette

Cor.—1-12-23—M&T—100 Bks.

D 94173 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94173

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bath & Eden, ST., V, WARD) REGISTERED NO. 18-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas S. Drzwiecki

(a) RESIDENCE No 235 S Ann. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male,	White,	Single,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30th. 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	6	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waterman,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, MD.

PARENTS

10 NAME OF FATHER John Drzewiecki,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Mary Wiesniewski,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Mary Drzewiecki, (Mother)
(Address) 235 So. Ann Street

15 Filed JAN 17 1925 16 Robert F. Harrison, Registrar

THE MORGUE Burial Permit Mark.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto-Accident

Multiple Fractures

(duration) yrs. Instant mos. ds.

CONTRIBUTORY (Secondary) Shock. (duration) yrs. Instant mos. ds.

(Signed) H. G. Blades, M. D.
(Coroner)

Jan 16th 1925 (Address) 143 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL Jan, 19- 1925.

20 UNDERTAKER M. J. Sadowski; — ADDRESS 705 S. Ann

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94174

CERTIFICATE OF DEATH.

D 94174

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 S. Ann St. (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruby Malinowski

(a) RESIDENCE. No. 604 S. Ann St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 16 25

7 AGE — Years: — Months: — Days: — If LESS than 1 day, hrs. or min.: 7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Walter Malinowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Smetana

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Walter Smetana
(Address) 604 S. Ann St

15 Filed ... 19... Robert P. Harrison, Registrar

7 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16. 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 19 25 to Jan 16 19 25, that I last saw h alive on Jan 16 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reamer, M. D.

(Address) 601 E. Fort Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus.

DATE OF BURIAL: Jan. 17. 25

20 UNDERTAKER: M. F. Sadowski.

ADDRESS: 705 S. Ann

How to fill in this certificate. See instructions on back of certificates. Every item is very important.

Cor.—1-12-23—M&T—100 Bks.

D 94175 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94175

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Sophia Beacham

(a) RESIDENCE NO 400 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 25th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Geo. R. Beacham

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Dealey

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Mrs E. Graham
(Address) 400 N. Carey St

15 Filed JAN 17 1925, 192 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.

Jan 16th, 1925 (Address) Curtis Bay, Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Edenmount Cem.	Jan 19 1925
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94176

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94176

CERTIFICATE OF DEATH.

9:00 V

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 413 N Mount St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Frank Barber

(a) Residence No. 413 N Mount St., ... Ward .....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Mard

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6-DATE OF BIRTH (month, day and year) March 15 1873

7-AGE, 77 yrs. 10 mos. 2 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Georgia
(State or Country)..... Savannah

PARENTS.

10-NAME OF FATHER, Geo Barber

11-BIRTHPLACE OF FATHER (city or town) Georgia
(State or Country),

12-MAIDEN NAME OF MOTHER, Mary Smith

13-BIRTHPLACE OF MOTHER (city or town) Georgia
(State or Country),

14-

(Informant)..... Wm Barber

(Address)..... 413 N Mount

15-

Filed..... Robert P. Harrison,
Registrar.

17 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 14 25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1924 to Jan 14 1925

that I last saw h... alive on Jan 14 1925

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Pleural Cavernous Abscess

(Duration) Nov to Jan yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulm Tuberculosis

(Duration) 2 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) F F Morrow M. D.

Jan 16 1925 (Address) 709 Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL, Jan 18 1925

20-UNDERTAKER: Joseph A Lively — ADDRESS 151 Wilkes Ave

Spec.—1-10-21—M&T—1500 Blks.

D 94177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94177

REGISTERED NO. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Schmitz

(a) RESIDENCE NO. 632 E 37 a St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/15/25

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Albert Schmitz

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Theresa Warner

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Hospital Record
(Address)

15 Filed 1-17-1925, 19 Robert P. Harrison,
Registrar
Marial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/25 19

17 I HEREBY CERTIFY, That I attended deceased from 1/10/25, 19 ..., to 1/16/25, 19 .

That I last saw h— alive on 1/16/25, 19

and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Holley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rio Cathedral Cemetery — DATE OF BURIAL: Jan. 17 1925

20 UNDERTAKER Henry Hook Son — ADDRESS 1201 E Eager St

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94178

D 94178

CERTIFICATE OF DEATH.

21-379

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Lucile Robinson

(Residence in Baltimore: No. 1105 Bresser st St.; yrs..... mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Col	Sgle

6-DATE OF BIRTH. Dec (Month) 29 (Day) 1912 (Year)

7-AGE. ..... yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore City.

PARENTS.

10-NAME OF FATHER. Wm Roemer

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Lacyomith

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Roemer

(Address) 1105 Bresser St

15- Filed..... 192.... Robert P. Harris Registrar.

17745

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 14 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or Inquiry.) ..... find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns on Body

(Duration) ..... yrs. a few hrs. mos. ..... ds.

CONTRIBUTORY (Secondary) Clothing caught fire from coal stove

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W R Gonner M. D. (Coroner)

1-17 1925 (Address) 1131 W Saratoga st

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn DATE OF BURIAL. Jan 17 1925

20-UNDERTAKER. Thos J N Hooper & Co ADDRESS Penna Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94179 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 625 N Schroeder St. 16-7 (Ward) 90

Registered No.

2-FULL NAME Philomenia Minta Mitchell

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 625 N. Schroeder St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Henry Mitchell

6-DATE OF BIRTH (month, day and year): Sept. 12 1850

7-AGE: 74 yrs. 4 mos. 4 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): St Augustine Florida

PARENTS:
10-NAME OF FATHER: Wm B. Miranda
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Florida
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Florida

14-
(Informant): Joseph H. Mitchell
(Address): 625 N. Schroeder St

15-
Filed JAN 7 1925 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1925 to Jan. 15, 1925, that I last saw h[illegible] alive on Jan. 15 1925, and that death occurred, on the date stated above, at 10 a m

The CAUSE OF DEATH* was as follows:

arterio - sclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial degeneration

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) J. T. Hennessy M. D.

(Address) Jan. 16, 1925 260 E Lanvale Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 19 1925

20-UNDERTAKER: Wm Tickner Sons. — ADDRESS: North & Pa

D 94180 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94180

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Colonial Hospital St. 17-5 90 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olivia E. Lomax

(Residence in Baltimore: No. 1808 N. Charles St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Unknown (Month) (Day) 1 (Year)

7-AGE about 71 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. N. Mosley

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. ? Scott

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Meta Lomax

(Address) 1808 N. Charles St

15- Robert P. Harrison,

Filed JA 7 1925 192 Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 15 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry. find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Jan. 16 1925 (Address) 803 Cathedral Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem.	Jan 17 1925
20-UNDERTAKER. Wm. J. Tickner & Sons	ADDRESS N. Y. Pa.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94181

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94181

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Athol Ave Athol Terrace 28-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Elizabeth Kerian

(a) Residence No. Athol Ave Athol Ter Irvington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Geo. L Kerian

6-DATE OF BIRTH (month, day and year): Feb. 7, 1863

7-AGE. 61 yrs. 11 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Henry Steinecker

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Martha Holmes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14- (Informant): Mr. Geo. Kerian

(Address): Athol Ave Irvington

15- Filed JAN 17 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan. 14 1925

17- I HEREBY CERTIFY, That I attended deceased from April 1 1924 to Jany. 14 1925

that I last saw h... alive on ... 19...

and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? no Physical Signs

What test confirmed diagnosis?

(Signed) Hens J Stahn M. D

, 19 (Address) 226 W Monument

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan 17 1925

20-UNDERTAKER: Wm Flickner & Sons ADDRESS: Mouth & Pa

Spec.—1-10-21—M&T—1500 Bks.

D 94182

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94182

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 6-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ross

(a) RESIDENCE NO. 206 Bethel St.,, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Alfred Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Municipal Hospital Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 17 1925 Robert P. Harrison, Registrar

0060

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-1, 1925, to 1-14, 1925;

that I last saw him alive on 1-14, 1925

and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

Acute Cholecystitis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Aut

(Signed) Claude C. Dean, M. D.

1-14, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 17 1925

20 UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94183 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE (No. 632 Pitcher St., 14-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Priscilla Booze

(a) Residence No. 632 Pitcher St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fe | 4-COLOR OR RACE, Col | 5-Single, Married, Widowed or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Booze

6-DATE OF BIRTH (month, day and year) Jan 1. 1845

7-AGE. 80 yrs. mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Joseph Booze

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Priscilla Waters

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Gillie Dorsey

(Address) 682 Pitcher St

15- Filed Jan 17 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1925 to Jan 16 1925

that I last saw h[illegible] alive on Jan 16 1925

and that death occurred, on the date stated above, at 10:20 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) J. Garland Churchill M. D.

Jan 16, 1925 (Address) 1534 E. N. Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-BURIAL, CREMATION OR REMOVAL. Laurel Hill Memorial Park Locust Chapel | DATE OF BURIAL. 1-18 1925

20-UNDERTAKER. George T. A. Gibson & Co. | ADDRESS 1735 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94184

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94184

100-001

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 41 S Fulton Ave St. 19 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E Bidgood

(a) Residence No. 41 S Fulton Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mes. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie F Bidgood

6-DATE OF BIRTH (month, day and year) June 30 1864

7-AGE. 20 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Cummings Stewart

9-BIRTHPLACE (city or town) (State or Country) Norfolk Va

PARENTS.

10-NAME OF FATHER. Macon Bidgood

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Norfolk Va

12-MAIDEN NAME OF MOTHER. Annie G Bidgood

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Norfolk Va

14- (Informant) Nellie F Bidgood

(Address) 41 S Fulton Ave

15- Filed, 1925 19 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 17 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 19 25 to Jan 17 19 25

that I last saw h alive on Jan 17 19 25

and that death occurred, on the date stated above, at 8 45 m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia.

(Duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) E Heller Hammond M.D.

1/17, 19 25 (Address) 2000 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Portsmouth Va

DATE OF BURIAL. Jan 17 19 25

20-UNDERTAKER. William Cuckson & Nash Co

ADDRESS

Cor.—1-12-23—M&T—100 Bks.

D 94185

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94185

CERTIFICATE OF DEATH.

×170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emerson Hotel ST., 4-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Shea. Jr.

(a) RESIDENCE NO Norfolk. Va. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Accountant
(b) General nature of industry, business, or establishment in which employed (or employer) Accountant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philada.

PARENTS

10 NAME OF FATHER J. M. Shea Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philada

12 MAIDEN NAME OF MOTHER Catherine Daffy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philada

14 Informant Wm. A Shea
(Address) N. York

15 Filed ..... 192 .....
Registrar

JAN 17 1925

Robert P. Garrison,
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Wound made by pistol shot wound in brain. Instantaneous from temporary aberration mental

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Ray, M. D.
(Coroner.)

Jan 17, 192 5 (Address) 112 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia Pa.	1/17 1925

20 UNDERTAKER ADDRESS

E. J. Fanning, Inc - 1938 Lafayette Ave.

Spec.—1-10-21—M&T—1500 Bks.

D 94186

HEALTH DEPARTMENT—CITY OF BALTIMORE 94186

CERTIFICATE OF DEATH.

11-60

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2205 Mc. Culloh ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Norris

(a) RESIDENCE NO. 2205 Mc. Culloh ST., WARD Granite Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Willis Norris

6 DATE OF BIRTH (month, day, and year) Aug 8. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Addison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nettie Jackson
(Address) 2205 Mc. Culloh St

15 Filed 1925 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14th 1925 to Jan. 15th 1925.

that I last saw her alive on Jan. 14th 1925

and that death occurred, on the date stated above, at 7:20 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ehrlich, M. D.

1/16, 1925 (Address) 924 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Memory Hill Cem. DATE OF BURIAL Jan 18 1925

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94187

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94187

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1233 S. Elinton St., 24 Ward) Registered No. 101-8

2-FULL NAME. Patrick J. Treehley

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1233 S. Elinton St., 24 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of late Catherine Treehley

6-DATE OF BIRTH (month, day and year) Nov 13th 1868

7-AGE. 57 yrs. 2 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Contractor

(b) General nature of industry, business, or establishment in which employed (or employer). 016

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Co Md

PARENTS.

10-NAME OF FATHER. William Treehley

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Dockery

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant). William Treehley

(Address) 1233 S. Elinton St

15- Filed 1-17 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 16th 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1925 to Jan 16 1925

that I last saw him alive on Jan 16 1925

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Hydrocardits and Auto Intoxication, Uremia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cataract

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Sadler M. D

1/19 1925 (Address) 3326 Ellwood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Jan 18th 1925
20-UNDERTAKER. Lilly & Zerbe	ADDRESS 403 N Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94188 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1506 N. Patterson Park Ave. 8-3 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Wallach

(a) Residence No. 1506 N. Patterson Park Ave Ward 8
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of the late John Wallach

6-DATE OF BIRTH (month, day and year) June 17th 1842

7-AGE: 82 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Sebastian Hack.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-

(Informant) Mary Daig

(Address) 1506 N. Patterson Park Ave

15-

Filed 1925 Robert P. Harrison,
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 15th 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1924 to Jan 15, 1925 that I last saw h.. alive on Jan 15 1925 and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ac. Bronchitis

Yrs (Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Edgar F. Britton M. D.

Jan 16, 1925 (Address) 3316 N Calvert St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 19th 1925
20-UNDERTAKER. Lilly & Geiler	ADDRESS 408 S. Broadway

Spec.—1-10-21—M&T—1500 Bks.

D 94189

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94189

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 James ST., 21-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Degener

(a) RESIDENCE NO. 1300 James ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Degener

6 DATE OF BIRTH (month, day, and year) 14th Sept 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Box Mfg

(c) Name of employer Wm L. Degener

9 BIRTHPLACE (city or town) Lemburg (State or country) Germany

PARENTS

10 NAME OF FATHER Wm Degener

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. D. Degener

(Address) 1300 James St

15 Filed ..., 19... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16. 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1924, to Jan 16th, 1925, that I last saw him alive on Jan 10th, 1925, and that death occurred, on the date stated above, at 12.50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. W. Hemmeter, M. D.

1-17. 1925 (Address) 3002 Gerrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Pauls Cem. Violetville	Jan. 19th 1925
20 UNDERTAKER Geo Lumbeck & Son.	ADDRESS 647 W. Pratt St.

17925

Robert F. Harrison,

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

B 94190 331

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 7-1

CITY OF BALTIMORE: (No. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Arthur Falk

(a) RESIDENCE NO. Littlerock, Ark ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Eva Falk

6 DATE OF BIRTH (month, day, and year) ? 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) —"—

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) Ark.

PARENTS

10 NAME OF FATHER Leo Falk

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Selia Falk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) JOHNS HOPKINS HOSPITAL, Records

15 1925 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, , 1924, to Jan 16, , 1925, that I last saw h[illegible] alive on Jan 16, , 1925, and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

Years

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Littlerock, Arkansas

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Warfield M. Firor, M. D.

(Address) JHH

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Little Rock Ark

DATE OF BURIAL 8/12/25

20 UNDERTAKER Joseph Abrens

ADDRESS 221 Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94191

~~D 79191~~

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Phillips

(a) RESIDENCE NO. ..... Star, N. C ..... ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coffin Trimmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ? (State or country) N C

PARENTS

10 NAME OF FATHER John Phillips

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) N C

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed 1/17 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 17, 1925, that I last saw him alive on Jan 17, 1925, and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:

Brain tumor, Malignant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post-operative bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? N C

Did an operation precede death? Yes Date of Jan 14, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Jones M. D.

1/17, 1925 (Address) JHH

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bear Creek N C

DATE OF BURIAL 1/17/25

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 N Bway

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94192

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-B 001..

B 94192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1518 Freshman St. St., 15-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard J. Woodland

(#) Residence No. 1518 Freshman St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 23 1924

7-AGE. ..... yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). City

PARENTS.

10-NAME OF FATHER Haddis Woodland

11-BIRTHPLACE OF FATHER (city or town) (State or Country) St Mary Co Md

12-MAIDEN NAME OF MOTHER Margaret Stewart

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) St Mary Co Md

14-

(Informant) Mrs Margaret Woodland

(Address) 1518 Freshman

15-

Filed ..... 1925 Robert F. Harrison Registrar.

JAN 17 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 17 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1925 to Jan 17 1925

that I last saw h... alive on Jan 16 1925

and that death occurred, on the date stated above, at 2.05 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ..... yrs. ..... mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Finney Wright M. D.

Jan 17, 1925 (Address) 1364 Mary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Scharlott Hall DATE OF BURIAL. Jan 18 1925

20-UNDERTAKER. Clarence E. Wright ADDRESS 1364 Mary

Spec.-12-23-21-E.B.R.S.-400 Bks.

D 94193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90D 94193

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 734 N. Gilmor St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances A. Morgan

(a) Residence No. 734 N. Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: James Madison Morgan

6-DATE OF BIRTH (month, day and year): Jan 16 1836

7-AGE: 89 yrs. 0 mos. 0 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS:

10-NAME OF FATHER: ? Garner

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Mary Hagelman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

11- (Informant): Mrs. Fannie Morgan

(Address): 734 N. Gilmor St.

Filed JAN 18 1925 ROBERT S. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 29, 1924 to Jan 16, 1925

that I last saw h[illegible] alive on Jan 14, 1925

and that death occurred, on the date stated above, at 5 to Am

The CAUSE OF DEATH* was as follows:

Paraplegia.

(Duration) yrs. mos. 15 ds

CONTRIBUTORY (Secondary): Chronic Myocarditis

(Duration) yrs. mos. ? ds

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon M. D.

, 19 (Address) 700 N. Fulton Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Warsaw Va — DATE OF BURIAL: Jan 18 1925

20-UNDERTAKER: Wm J Tickner & Sons — ADDRESS: Norfolk Va

Spec.—1-10-21—M&T—1500 Bks.

Henry.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94194

D 94194

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mattie Henry-- ST., 17-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (1016 Druid Hill Ave)

(a) RESIDENCE NO. 1016 Druid Hill Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Dr. John W. Henry

6 DATE OF BIRTH (month, day, and year) April 25 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	48	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louise Stark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mrs John W Henry Husband 1016 Druid Hill Ave

15 Filed JAN 18 1925 ..... 19 ..... ANGELA R. KRAMER Registrar

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1924, to Jan 15, 1925, that I last saw her alive on Jan 15, 1925, and that death occurred, on the date stated above, at 11A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. L. Young M. D.

1/17 1925 (Address) 1424 Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wm B Cadwalader Cem	1/19/25
20 UNDERTAKER John H. Toadvine	ADDRESS 142 N Hall st

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-6 3/ D 94195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Tuberculosis Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geneva Garrett or Young

(a) RESIDENCE NO. 1514 Carter st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thornton Young

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address) M.T.H.

15 Filed JAN 19 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1925, to Jan. 16, 1925, that I last saw h 9r alive on Jan. 16, 1925, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous laryngitis (duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. D. White, M. D.

1-17 1925 (Address) Municipal Tuberculosis Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL 1/18/25

20 UNDERTAKER John H. Toadvine

ADDRESS 142 N Hall st

TION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

D 94196

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94196

CERTIFICATE OF DEATH.

6-12

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2200 E. Fairmount Ave., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Goldie Shaivitz

(a) Residence No. 2200 E. Fairmount Ave., St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ellis Shaivitz

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE.	If LESS than 1 day,
85 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Harry Garfinkel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Pearl

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-

(Informant) J. Lewis

(Address) 1439 E. Balto. St.

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1 - 16 -25

17- I HEREBY CERTIFY, That I attended deceased from Jan - 10, 1915 to 1/16, 1925

that I last saw her alive on 1/15, 1925

and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(Duration) unknown ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? clinic + + +

(Signed) Dan Strunsky M. D.

1/17, 1925 (Address) 1215 N. Eden St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Sinai Herring Run	1/18, 1925

20-UNDERTAKER. Jack Lewis ADDRESS 1439 E. Balto St.

JAN 18 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 94197

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 711 S. Port St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elinora Lubawska

(a) Residence No. 711 S. Port St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 9-1923

7-AGE 1 yrs. 8 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Lubawski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Cecilia Niewczyk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Frank Lubawski

(Address) 711 S. Port

15- Filed JAN 13 1925, 192 ROGER J. KRAUTER, Assist. Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 16-1925

17- I HEREBY CERTIFY, That I attended deceased from 1/11, 1925 to 1/16, 1925

that I last saw h. alive on 1/15, 1925

and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? N O Date of

Was there an autopsy? N O

What test confirmed diagnosis? Symptoms & symptoms

(Signed) [illegible] M. D.

1/17, 1925 (Address) 1036 Port St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL 1/19, 1925

20-UNDERTAKER, William Fiaczowski ADDRESS 148 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 94198

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 312 Emory st St., 7V-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Virginia Evatt

(a) Residence No. 312 Emory st St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, white

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) widow

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Mary C. Evatt dec'd

6-DATE OF BIRTH (month, day and year) 1851

7-AGE, 74 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sanatoria 070

(b) General nature of industry, business, or establishment in which employed (or employer) & Public Schools

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Dont Know

14- (Informant) Mary B. Evatt

(Address) 312 Emory st

15- Filed ..... 192 ..... Registrar.

JAN 18 1925 ROBERT S. KRANTZ

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 24 to Jan 16 25

that I last saw h[illegible] alive on Jan 6 25

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

1 Hypostatic Congestion

2 Edema of Lungs Contrib

Injury Peritonitis

(Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary) Partial injury + Chronic Nephritis

(Duration) 5 yrs. mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? Presumptive Uremia.

(Signed) [illegible] M. D

1925 (Address) 4 Somerset Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mount Olivet Cem

DATE OF BURIAL, Jan 19 1925

20-UNDERTAKER, Jos Joerdens Son

ADDRESS 2173 E. Pr

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94199

CERTIFICATE OF DEATH.

129

D 94199

1-PLACE OF DEATH

City of BALTIMORE: (No. 624 S. Decker av St., 1-2 Ward) Registered No.

2-FULL NAME Frederick E. Brothers

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 624 S. Decker av St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Sadie Brothers

6-DATE OF BIRTH (month, day and year) Sept 3-1879

7-AGE. 45 yrs. 4 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Stove Foundry

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Gallipolis Ohio

PARENTS.

10-NAME OF FATHER, George Brothers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Gallipolis Ohio

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14- (Informant) Sadie Brothers

(Address) 624 S. Decker

15- Filed JAN 16 1925 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-15-25

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1924 to Jany 15 1925

that I last saw him alive on Jany 15 1925

and that death occurred, on the date stated above, at 4-a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. L. Long M. D

1-16 1925 (Address) 2701 Eutaw

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 1925
Mt Carmel	1-19
20-UNDERTAKER	**ADDRESS**
William Cook	502 E North

Spec—12-23-21—E.B.R.S.—400 Bks.

Grant 1207 Poplar Grove

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94200

CERTIFICATE OF DEATH.

129

D 94200

1-PLACE OF DEATH

City of BALTIMORE: (No. 741 Poplar Grove St., 16 Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Willis

(a) Residence No. 741 Poplar Grove St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm M Willis

6-DATE OF BIRTH (month, day and year) Oct 20, 1850

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jeremiah Emery

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Hester Mead

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Howard M. Willis

(Address) 741 Poplar Grove

15- Filed 1925 Burial Permit Issued JAN 18 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 16-25

17- I HEREBY CERTIFY, That I attended deceased from May, 1921, to Jan 16, 1925, that I last saw h e alive on Jan 14, 1925, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cardio Dilatation 3

Heart:

Chronic Myocarditis

(Duration) 4 yrs. 8 mos. 16 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 4 yrs. 8 mos. 16 ds.

If-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. C. Grauby, M. D.

, 19 (Address) 1207 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Jan 19, 1925

20-UNDERTAKER, William Cook — ADDRESS 502 E North

Spec.—6-9-19—H. P. Co.—1000 Bka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94201 D 94201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2346 McCulloh ST.: 13-5 WARD) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm G. Thomas

(a) RESIDENCE. No. 2346 McCulloh ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary E. Thomas

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Goucher College

9 BIRTHPLACE (city or town) (State or country) Md Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Baltimore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary Thomas

(Address) 2346 McCulloh

JAN 18 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1— 1925, to Jan 14 1925, that I last saw h[illegible] alive on Jan 13 1925, and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L B Hurley M.D.

19 (Address) 1413 E. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/18
20 UNDERTAKER	ADDRESS
Samuel Hurley	Balto

Spec—12-23-21—E.B R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94202

1 PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001 D 94202

Registered No.

City of BALTIMORE: (No. Loneys Lane N. of Federal St. K-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha V Hardesty

(a) Residence No. Loneys Lane N. of Federal St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: George W Hardesty

6-DATE OF BIRTH (month, day and year): May 24th 1851

7-AGE: 73 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: William Chester

11-BIRTHPLACE OF FATHER (city or town) (State or Country): England

12-MAIDEN NAME OF MOTHER: Jane Mitchell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14-
(Informant): George W Hardesty
(Address): 723 Patterson Park Ave

15-
Filed JAN 16 1925 Del. MURRAY S. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 16-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9 1925 to Jan 16 1925
That I last saw her alive on Jan 15 1925
and that death occurred, on the date stated above, at 4.50 A.M.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at Place

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Presumed

(Signed) J. C. Buchwald M.D.
1-16 1925 (Address) 1531 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: Jan 19th 1925

20-UNDERTAKER: George Schilling & Sons ADDRESS 1126 E Monument St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94203

CERTIFICATE OF DEATH.

8-268 D 94203

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2110 E Federal St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Kieffner

(a) Residence No. 2110 E Federal St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or)~~ ~~Widow~~ Lillie M. Kieffner

6-DATE OF BIRTH (month, day and year) Jan 1st 1883

7-AGE, 42 yrs. ~~7~~ mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Towson Md

PARENTS.

10-NAME OF FATHER, Chas J Kieffner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Herrmann

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14-
(Informant) Lillie M Kieffner
(Address) 2110 E Federal st

15-
Filed ..... 1925 ROBERT R. KRAUTER
Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-16-25

17- I HEREBY CERTIFY, That I attended deceased from 12-29 1924 to 1-16 1925
that I last saw him alive on 1-16 1925
and that death occurred, on the date stated above, at 9.35 P. m.
The CAUSE OF DEATH* was as follows:

Acute Diffused Nephritis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Mills, M. D.

, 19 (Address) 150 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: June 20th 1925

20-UNDERTAKER: Geo Schilling & Sons — ADDRESS: 1126 E Monument st

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94204

CERTIFICATE OF DEATH.

101-001 D 94204

1-PLACE OF DEATH St. Jos. Hospital

City of BALTIMORE: (No. ..... St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Berger

(a) Residence No. 3805 E. Lombard St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 45 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Late Catherine Berger

6-DATE OF BIRTH (month, day and year) June 20/50

7-AGE. 74 yrs. 6 mos. 26 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Brewer

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Joseph Berger

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Mamie Berger

(Address) 3805 E. Lombard St.

15-Filed JAN 18 1925 ROBERT B. ... Burial Permit (Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 16/25

17-I HEREBY CERTIFY, That I attended deceased from Jan 4 1925 to Jan 16 1925

that I last saw h... alive on Jan 16th 1925

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 2 ds

CONTRIBUTORY (Secondary), Myocarditis

(Duration) ... yrs. ... mos. ... ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo B. Sybert, M. D

19 (Address) St Josephs Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore — DATE OF BURIAL. 1/20 1925

20-UNDERTAKER. Philip Herwig — ADDRESS 2016 Aliceanna St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94205

CERTIFICATE OF DEATH.

11-001 D 94205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1152 Scott ST., 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Jackel

(a) RESIDENCE NO. 1152 Scott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: late Jacob Jackel

6 DATE OF BIRTH (month, day, and year): Nov 11/62

7 AGE — Years: 62 — Months: 3 — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Casper Hohman

(Address) 1321-11th N.W. Washington

15 Filed JAN 18 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year): 1/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1925, to 1-15, 1925, that I last saw h alive on 1-15, 1925, and that death occurred, on the date stated above, at 5 50 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 1 yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Grip

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hubert D Brain M. D.

, 19 (Address) 1227 McH St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 1/19 1925

20 UNDERTAKER: Philip Hennig — ADDRESS 2016 Orleans

FOR IS very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94206

90 D 94206

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 Mosher ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma A. J. Edwards

(a) RESIDENCE. No. 436 Mosher ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Alexander Winfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Amanda Walker
(Address) Early Reed & Co

15 Filed JAN 13 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8th, 1924 to Jan 16, 1925 that I last saw her alive on Nov. 16, 1924 and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

of indefinite duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis? X

(Signed) Clarence C. Price, M. D.

1-17-1925 (Address) 1705 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Jan 18. 1925

20 UNDERTAKER Chas. W. Chesterson

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94207

CERTIFICATE OF DEATH.

90

REGISTERED NO. D 94207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. Schroeder ST., 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Collick

(a) RESIDENCE NO. 310 N. Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amanda Collick

6 DATE OF BIRTH (month, day, and year): Jan. 6, 1853

7 AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teamster

(b) General nature of industry, business, or establishment in which employed (or employer): 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Snow Hill Maryland

PARENTS

10 NAME OF FATHER: John T. Collick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Snow Hill Maryland

12 MAIDEN NAME OF MOTHER: Mary Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Snow Hill Maryland

14 Informant (Address): Amanda Collick 310 N. Schroeder

15 Filed JAN 18 1925, 19.. Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Jan 15, 1925, that I last saw him alive on Jan 15, 1925, and that death occurred, on the date stated above, at 7:30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John E. T. Carper, M. D.

1-16, 1925 (Address) 1405 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Jan 18 1925

20 UNDERTAKER: Sam W. Brasefield

ADDRESS: 1400 Madison

FROM is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94208

CERTIFICATE OF DEATH.

101-001

D 94208

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 S. Castle St., V-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naomi Lassen

(a) Residence No. 119 S. Castle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 17, 1923

7-AGE.	If LESS than 1 day,
1 yrs. 4 mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country) Md.

PARENTS.

10-NAME OF FATHER, John Lassen Jr.

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country) Md.

12-MAIDEN NAME OF MOTHER, Mary Gunther

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country) Md.

14-

(Informant) John Lassen Jr

(Address) 119 S. Castle St

15- JAN 18 1923

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 17, 1923

17- I HEREBY CERTIFY, That I attended deceased from Jan 16, 1923 to Jan 17, 1923

that I last saw h[illegible] alive on Jan 17, 1923

and that death occurred, on the date stated above, at 10 15 P. m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

Amphicalony Labas

Enchmanas

(Duration) yrs. mos. 1 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Daniel F. Hughes, M. D.

, 19 (Address) 320 E. 20th St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cem.	Jan 19, 1923
20-UNDERTAKER.	ADDRESS
H. Sander Sons	1710 E. Lexington St.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94209

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. D 94209

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 S Ann ST., V-1 WARD)

2-FULL NAME Mary Kimmel

(a) RESIDENCE NO. 245 S Ann St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Kimmel

6 DATE OF BIRTH (month, day, and year) Jan 20, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	59	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER John Marsch

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Roesner

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Albert E. Kimmel
(Address) 245 S. Ann St

15 Filed JAN 18 1925 ACCEPT H. KRAMER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/25 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 8/25, 19 ..... to Jan 16/25, 19 ....., that I last saw her alive on Jan 15/25, 19 ....., and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hyperemia
(Hemiplegia)

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H P Bloch, M. D.

(Address) 1203 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cemetery	Jan 19 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eutaw St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94210

CERTIFICATE OF DEATH.

101-001

D 94210

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2630 Harlem ave WARD) 16-3

2-FULL NAME Mary Elizabeth Meisel

(a) RESIDENCE NO. 2630 Harlem ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John G Meisel

6 DATE OF BIRTH (month, day, and year) May 12 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Yost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Von Hagen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John A Meisel

(Address) 2630 Harlem Ave

15 Filed JAN 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 3 1925 to Jan 16 1925

that I last saw h alive on Jan 14 1925

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobal

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) W Van Williams, M. D.

, 19 (Address) 601 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 1/19/25

20 UNDERTAKER George U Farley Sons ADDRESS Lafayette

JAN 18 1925

REGISTRAR'S OFFICIAL PENCIL CHECK

THIS is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94211

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-B 01 94211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital 9-2 Registered No.

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Tutchton

(a) Residence No. Eastern Ave & Stemmers Run St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6-DATE OF BIRTH (month, day and year) Jan. 15th 1897

7-AGE: 28 yrs. — mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Ladies Dresses
(c) Name of employer: .....

9-BIRTHPLACE (city or town) Balto. Co. (State or Country) Maryland

PARENTS.

10-NAME OF FATHER Harry F. Tuchton

11-BIRTHPLACE OF FATHER (city or town) Harford Co. (State or Country) Md.

12-MAIDEN NAME OF MOTHER Jane L. Stevenson

13-BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or Country) Maryland.

14- (Informant) Jane Tutchton (Address) Stemmers Run Md.

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1925 to Jan 16, 1925 that I last saw h.. alive on Jan 16, 1925 and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic hypoplastic Leukemia

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Sybert M. D.

, 19 (Address) St Jos. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Jan 19 1925

20-UNDERTAKER: Frederick Lassahn Son — ADDRESS: Fulleston

Spec.—1-10-21—M&T—1500 Blks.

D 94212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. D 94212

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Sth Royal ST. 14-2 WARD) 90

2-FULL NAME Rebecca Catherine Jager

(a) RESIDENCE No. 1420 Sth Royal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 92 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Andrew J Jager

6 DATE OF BIRTH (month, day, and year) Dec 26 1832

7 AGE: Years 92 | Months — | Days 22 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Isaacs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Cordelia Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Miss Ethel Medge

(Address) 1420 Sth Royal Ave

15 Filed JAN 16 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1924, to Jan 17, 1925, that I last saw her alive on Jan 16, 1925, and that death occurred, on the date stated above, at 430 P m.

The CAUSE OF DEATH* was as follows:

Senile debility + anemia going
among of all organs 92 years old

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at home of death

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) J Rud Pue, M. D.

19 , 195 (Address) 9 Garden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL Greenmount

DATE OF BURIAL JAN 19 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 3700 EDMONDSON AVE.

FROM A very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Lettie Walker.

D 94213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94213

1-PLACE OF DEATH

City of BALTIMORE: (No. 1723 Mda St., 17-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lettie Walker

(a) Residence No. 1723 Mda St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: C.

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 9 1905

7-AGE. 19 yrs. 5 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Hanover Va

PARENTS

10-NAME OF FATHER, Wm D Wainright

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Martha Walker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N. C.

14-

(Informant) Martha Carter

(Address) 1723 Maryland

15-

Filed JAN 10 1925 ROBERT A. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 1924 to Jan 15 1925

that I last saw h alive on Jan 13 1925

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) Yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) Yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr H Hanson M. D.

Jan 17 1925 (Address) 405 E Chase St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan 18 19

20-UNDERTAKER: Mrs R. Elliott — ADDRESS: 1712 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94214

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94214

CERTIFICATE OF DEATH.

Registered No. 1254

1-PLACE OF DEATH

City of BALTIMORE: (No. 409 Whitridge St., 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Ely

(a) Residence No. 409 Whitridge ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 15 20

7-AGE. — yrs. — mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John J. Ely

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Maria B. Mattson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) John J. Ely

(Address) 409 Whitridge ave

15- Filed JAN 18 1925 192 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 17 1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 15 1925 to Jany 17 1925 that I last saw h[illegible] alive on Jan 16 1925 and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. ? ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W. Welch Jr. M. D.

1/18 192 (Address) 2805 St Paul st

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Vincent Cemetery

DATE OF BURIAL. Jan 18 1925

20-UNDERTAKER. Geo J. Rutt

ADDRESS 735 Hayward ave.

Spec.—1-10-21—M&T—1500 Bks.

D 94215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 94215 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Forest & Strathmore Aves. ST. 27-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Selig Seidenman

(a) RESIDENCE NO. Forest & Strathmore Aves. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Seidenman.

6 DATE OF BIRTH (month, day, and year) June 20th. 1864.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	60	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager.- Picture Frame

(b) General nature of industry, business, or establishment in which employed (or employer) Frame Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Louis Seidenman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Bessie Forman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mr. Louis Seidenman.

(Address) Forest & Strathmore Aves.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/ 1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 1921, to Jan. 17, 1925.

that I last saw him alive on Jan. 17, 1925.

and that death occurred, on the date stated above, at 3 40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

15 hrs.

(duration) yrs. mos de.

CONTRIBUTORY (Secondary) Arteris Sclerosis Myocardial Degeneration about (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptomatology

(Signed) Herbert N. Monnier, M. D.

, 19 (Address) 101 W. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	1/20/ 1925

20 UNDERTAKER David Sondheim

ADDRESS 1520 Mt. Royal Ave

TION is very important. See instructions on back of certificates.

JAN 16 1925

Burial Permit Clerk

Registrar

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94216

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94216

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 E. Grindall St. 24-190 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Catherine Wolfe

(a) Residence No. 403 E. grindall St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louis F. Wolfe

6-DATE OF BIRTH (month, day and year) aug 15. 1849

7-AGE, 75 yrs. 5 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Duffey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11- (Informant) Louis Wolfe (Husband)

(Address) 403 E. grundall St

Filed ..... 19.. ..... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16. 1925

I HEREBY CERTIFY, That I attended deceased from Oct 24 19 24 to Jan 16 19 25.

that I last saw h alive on Jan 16 19 25

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. A. Sheeran M. D.

19 (Address) 1337 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL Jan. 19. 1925

20-UNDERTAKER Margaret B. Flynn

ADDRESS 1111 Light St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94217

CERTIFICATE OF DEATH.

D 94217

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Incurables St. 12-5 WARD)

2-FULL NAME Francis Virginia Bond

(a) RESIDENCE NO. Home for Incurables St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James T. Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thos. F. Shriver

(Address) 230 W. Lanvale St.

JAN 13 1925 ROGER T. KRANTZ Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1924 to Jan 16 1925

that I last saw her alive on Jan 16 1925

and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Acute exacerbation of a Chronic Cystitis and pyelitis

(duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopy and culture methods.

(Signed) Wm J. Mayo M. D.

1/18, 1925 (Address) Baltimore - Md -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bohemia Cecil Co Md.

DATE OF BURIAL: Jan 20 1925

20 UNDERTAKER: Chas F. Evans Son

ADDRESS: 118 W Mt Royal ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94218

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94218

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

City of BALTIMORE: (No. 924 Pear St., 23-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mazie Williams

(a) Residence No. 924 Pear St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-SINGLE, Married, Widowed, or Divorced (Write the word) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ WIFE of Harry Williams

6-DATE OF BIRTH (month, day and year) Sept. 17 1856

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), India

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Harry Williams

(Address) 924 Pear St

15- Filed JAN 19 1925 ROBERT R. KRAMER Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16-1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 14 1925 to Jany 16 1925, that I last saw h[illegible] alive on Jany 16 1925, and that death occurred, on the date stated above, at 11.50 A m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Nora E. Haggett M. D

1/17, 1925 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	1-19-25
20-UNDERTAKER.	ADDRESS
Chas Hearton	916 Pear

Spec.—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94219

D 94219

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

City of BALTIMORE: (No. Broadway and Fairmount Ave St., 6-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Dare

(a) Residence No. Church Home and Inf St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 18th 1925

7-AGE. .....yrs.....mos.....ds. If LESS than 1 day, 12 hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer.....

9-BIRTHPLACE (city or town). Balto
(State or Country). md.

PARENTS.

10-NAME OF FATHER. Joseph Dare.

11-BIRTHPLACE OF FATHER (city or town). Balto
(State or Country). md.

12-MAIDEN NAME OF MOTHER. Carrie Weatherstone

13-BIRTHPLACE OF MOTHER (city or town). Balto
(State or Country). md.

14-
(Informant). Joseph Dare
(Address). 1320 n. Luzerne Ave

15-
Filed JAN 19 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 18/1925

17- I HEREBY CERTIFY, That I attended deceased from January 18 19 25 to January 18 19 25
that I last saw he alive on January 18 19 25
and that death occurred, on the date stated above, at 2 P M.
The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth Cause

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John E. Dorrance M. D
. 19 (Address) Church Home and Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore City	Jan 19 1925

20-UNDERTAKER ADDRESS
W. H. Valentine 2226 Aisquith st

Spec.—1-10-21—M&T—1500 Bks.

D 17052

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94220

CERTIFICATE OF DEATH.

D 94220

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 118

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Moses

(a) RESIDENCE NO. 125-R Jefferson St. WARD Roanoke Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 19 da. How long in U. S., if of foreign birth? yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Syria

PARENTS

10 NAME OF FATHER Jos Moses

11 BIRTHPLACE OF FATHER (city or town) (State or country) Syria

12 MAIDEN NAME OF MOTHER Nathema

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Syria

14 Informant Friends
(Address)

15 Filed JAN 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 1924 to Jan 18 1925.

that I last saw him alive on Jan 18 1925,

and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer. Intestinal Obstruction

(duration) Several yrs. mos da.

CONTRIBUTORY (Secondary) Arteriosclerosis, Bulbar Paralysis Pulmonary Edema (duration) yrs. mos. 5 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/17/25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. A. Wentum, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va. DATE OF BURIAL Jan 18 1925

20 UNDERTAKER Geo M. Friel & Son ADDRESS 816 N Wolfe

THIS IS very important. See instructions on back of certificates.

D 94221

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94221

CERTIFICATE OF DEATH.

X 31

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 927 N. Caldok St. 11-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosella Watty

(Residence in Baltimore: No. 927 N. Caldok St. St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	single

6-DATE OF BIRTH. about 1905 (Month) (Day) (Year)

7-AGE	If LESS than 1 day,
18 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070

9-BIRTHPLACE. (State or Country). Va.

PARENTS

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Easton

(Address) 916 Penna ave.

15-

Filed JAN 19 1925 ROBERT S. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 15 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy, M. D. (Coroner)

Jan. 17 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Mt. Auburn Cem.	1/19 1925

20-UNDERTAKER.	ADDRESS.
Daniel J. Easton	916 Penna ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 94222

Registered No.

1-PLACE OF DEATH Bay View Hospital

City of BALTIMORE: (No. Bay View Asylum St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Wiggins

(a) Residence No. 939 Rutland Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1889

7-AGE. 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, George Clark

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Lottie Rollins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) Hospital Records

(Address) Bay View Hospital

15- Filed JAN 19 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan-16-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1925 to Jan 16 1925

that I last saw h er alive on Jan 16 1925

and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. 9 mos. 15 ds.

CONTRIBUTORY (Secondary)* Terminal Bronchopneumonia (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes - Date of July-24.

Was there an autopsy? yes-

What test confirmed diagnosis? Gynecological Laboratory

(Signed) Jno. F. Chance M. D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. Jan 20 1925

20-UNDERTAKER Chris. F. Johnson ADDRESS 446 N. Carolina St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 94223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 94223

1-PLACE OF DEATH Gundry Sanitarium—Athol REGISTERED NO. C

CITY OF BALTIMORE: (No. Frankford Ave Cele, ST.; 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Martha Nicholson Skinner

(Residence in Baltimore: No. 6 E. Preston St.; 66 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, Unknown, (Month) (Day) 1858 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lady
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Johnson Nicholson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Jane Ricketts

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. Alfred Gundry

(Address) "Athol"

15-

Filed JAN 13 1925, 191.... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1924, to Jan 16 1925, that I saw her alive on Jan 16 1925, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Insufficiency

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Acute Cardiac Dilatation (Duration) yrs. mos. ds.

(Signed) Alfred J. Gundry M. D.

Jan 16, 1925. (Address) Athol Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 25 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 6 E. Preston St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	Jan 17, 1925
20-UNDERTAKER Henry H. Kerkins Sons Co	ADDRESS McCulloh & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94224

CERTIFICATE OF DEATH.

101-001

D 94224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emiel Melnick

(Residence in Baltimore: No. 237 N. Gilmore St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	W	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 26 yrs. 29 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Labar

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Witali Melnik

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknow

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Babinka

(Address) 851 Henrietta Street

15- Filed JAN 19 1925 ..... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 17 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-18-1925, to 1-17-1925, that I saw him alive on 1-17-1925, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Labar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. D. Penn M. D.

1/17/1925 (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loulon Park Cem.	Jan. 20. 1925

20-UNDERTAKER	ADDRESS
John Greblauckas	423 S Paca St.

16

Spec.—1-10-21 M&T 1500 Bks.

Spearuzella

D 94225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B-112 D 94225

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S Central ave ~~St.~~, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josefine Spearuzella

(a) RESIDENCE NO. 417 S Central ave ~~St.~~, WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 19 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	2	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Cosmo Spearuzella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Philomena Desira

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt.

14 Informant Cosmo Spearuzella
(Address) 417 S Central ave

15 Filed JAN 19 1925 ROBERT R. KRAMER Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1925, to Jan 16, 1925.

that I last saw him alive on Jan 16, 1925.

and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Anemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

(Address) 1450 Bentley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 19 1925

20 UNDERTAKER Wendell Appelson — ADDRESS 378 Penn

FROM BACK OF CERTIFICATE. SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—1-10-21—M&T—1500 Bks.

17 D 94226

HEALTH DEPARTMENT—CITY OF BALTIMORE

94226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. Essex St ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Bruno

(a) RESIDENCE No. Essex St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6 15 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		16	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Leo Bruno

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cyprus Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Reeds. (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 10 1925, 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 29. 1924. to Jan 15. 1925.

that I last saw him alive on Jan 15. 1925.

and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Kidney

Acute Secondary Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan. 3, 1925

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) Alf Jacobson, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan. 19 1925

20 UNDERTAKER Geo. L. Ruth

ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94227 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3-129 ✓ D 94227

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1068½ Granby St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernadina Bohrer

(a) Residence No. 1068½ Granby St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Staten Bohrer

6-DATE OF BIRTH (month, day and year): March 4 1865

7-AGE: 59 yrs. 10 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: August Struck

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Annie Florella

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-
(Informant): Marie E. Trimper Daughter
(Address): 1064 Granby St.

15-
Filed ..... 192.. ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 15th 1925 to Jan 16th 1925, that I last saw h.. alive on Jan 16th 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical examination Laboratory

(Signed) Jacob Snyder M. D.

1-17, 1925 (Address) 1326 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Vernon Cemetery — DATE OF BURIAL: Jan. 20, 1925

20-UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Ave.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94228

D 94228

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2107 Walbrook Ave ST., 15-12 WARD)

2-FULL NAME ISRAEL LEVIN

(a) RESIDENCE NO. 2107 Walbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Levin

6 DATE OF BIRTH (month, day, and year) Dec 20 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	42	—	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Asher Abell Levin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Sara Rachel Levitt

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Dora Levin
(Address) 2107 Walbrook Ave

15 Filed ..... 192 .....

JAN 15 1925

RUEBEN R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

organic Heart disease

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D.
(Coroner.)

Jan. 16, 1925 (Address) 2802 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 1/19 1925

20 UNDERTAKER Jack Lewis 4329 E Balto

ADDRESS

Notice very important. See instructions on back of certificate.

Spec.–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94229 ✓ 118-001 D 94229

D 94229

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2102 E Baltimore St., St., 6-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Bessie Goldbloom

(a) Residence No. 2102 E Balto St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6-DATE OF BIRTH (month, day and year) 1846

7-AGE, 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... 600

(b) General nature of industry, business, or establishment in which employed (or employer). Housewife

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Russia

14- (Informant) Louis Goldbloom

(Address) 613 N. Bacto St.

15- Filed JAN 19 1925, 192... ROBERT A. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1923 to Jan. 18 1925

that I last saw h. alive on Jan. 17 1925

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Umbilical Hernia

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Whitbread, M. D.

, 19 (Address) 1811 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Rebecca Herring Lot | DATE OF BURIAL, Jan 20 1925

20-UNDERTAKER, Jacob Levin | ADDRESS 1437 E. Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94230

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94230

CERTIFICATE OF DEATH.

16-129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 3025 PRESBURY STREET St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JESSE L. BIDDINGER

(a) Residence No. 3025 PRESBURY STREET St., ... Ward .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 14 1900

7-AGE. 24 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Gaithers
(State or Country) Howard Co. Maryland

PARENTS.

10-NAME OF FATHER, John E. Biddinger

11-BIRTHPLACE OF FATHER (city or town) Gaithers
(State or Country) Howard Co. Md.

12-MAIDEN NAME OF MOTHER Florence P. Phillinger

13-BIRTHPLACE OF MOTHER (city or town) Sykesville
(State or Country) Maryland.

11- (Informant) John E. Biddinger
(Address) 3035 Presbury St.

15-
Filed ..... 192 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 18 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb ..... 1924 to Jan 18 1925
that I last saw h.. alive on ..... Jan 17 1925
and that death occurred, on the date stated above, at 12.05 A.m.
The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hattie E Buckingham M. D.

1/18, 1925 (Address) 2002 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mass Cadel Cem	Jan 21st 1925
20-UNDERTAKER.	ADDRESS
Joseph L B Cook	1003 N Bath St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94231

CERTIFICATE OF DEATH.

D 94231

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No.) Fayette & Payson ST., 703 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Upman

(a) RESIDENCE NO. 26 Newbury Ave. ST., WARD Catonsville

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Catonsville
(State or country) Maryland

PARENTS

10 NAME OF FATHER John B. Upman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Ellen M. Patterson

13 BIRTHPLACE OF MOTHER (city or Ireland
(State or country)

14 Informant Regina Upman
(Address) 26 Newbury Ave.

15 Filed JAN 19 1925 Robert J. Hunter Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1925, to Jan. 19th, 1925, that I last saw h alive on Jan 19th, 1925, and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of transverse colon

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) General peritonitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan. 13, '25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & autopsy

(Signed) Hugh Cabot, M. D.

1/19/1925 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 21 1925
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W. Balto St

TION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94232

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 563-N Pulaski St., 17-W Ward)

2-FULL NAME Lucy Miller

(a) Residence No. 563-N. Pulaski St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

1 29 94232 Registered No.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton

6-DATE OF BIRTH (month, day and year) 1865

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Co. Md

12-MAIDEN NAME OF MOTHER Lucinda Hazelgrove

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mrs. Lucy Miller

(Address) 563 N. Pulaski St.

15- Filed, 192

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued JAN 19 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16 1920

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1924 to Jan 15 1925

that I last saw him alive on Jan 15 1925

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH was as follows: Apoplexy (Cerebral Hemorrhage)

Contributory

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 15 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

Signed Richard Wm. Cullen M. D.

Jan 16 1925 (Address) 1534 Eutaw Pl.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL, 1/19 1925

20-UNDERTAKER Samuel E. Buckley

ADDRESS 1701 Eutaw Pl

Spec—12-23-21—B 1 M S.—400 Bks.

D 94233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-2 104-002

D 94233

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 W. Mulberry St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Camilla Cummings

(a) Residence No. 15 W. Mulberry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of Alexander L. Cummings

6-DATE OF BIRTH (month, day and year) Oct. 13, 1875

7-AGE: 49 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Vincent T. Bogue

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Tillie Magers

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14-

(Informant) Mr. Henry Bogue

(Address) 843 Park Avenue

Filed JAN 19 1925 19.. KURT L. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/15/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 31, 1924 to January 15, 1925

That I last saw h.. alive on January 15, 1925

and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Edematous neck & face (Ludwig's Angina) from furuncle near Septicemia Staphylococcus aureus. (Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) ....(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? Dec 31

Did an operation precede death? Yes Date of Jan 7 25

Was there ~~autopsy~~? Incision & drainage

What test confirmed diagnosis? Blood culture.

(Signed) F. J. Kirby, M. D.

Jan 17, 1925 (Address) 1106 N. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL, 1/19, 19..25

20-UNDERTAKER, H. Henry U. Myers & Son — ADDRESS 805 N. Calvert St.

Spec— 12-23-24—E.B.R.S.—400 Blks.

94234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 V D 94234

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Richard P. Goodwin

(a) Residence No.... Emerson Hotel St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? 64 yrs. 4 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug 30, 1860

7-AGE. 64 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) retired 6yrs

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). ~~Ireland~~ Baltimore Md.

PARENTS.

10-NAME OF FATHER. Thomas Goodwin

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Julia Borratt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

11- (Informant) L. H. Goodwin

(Address) 106 E. 20th St

15- Filed..... 192.... Registrar.

JAN 19 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/18/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1924 to Jan 18 1925

that I last saw h. alive on Jan 18 1925

and that death occurred, on the date stated above, at 11:31 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(Duration) 8+ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 15, 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. B. Price M. D.

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cem	1/22 1925
20-UNDERTAKER.	ADDRESS
Henry V. Mears & Son	508 N. Calvert

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94235

CERTIFICATE OF DEATH.

D 94235

1-PLACE OF DEATH

City of BALTIMORE: (No.) 421 N. Calvert St., 4-3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Johnson

(a) Residence No. 421 N. Calvert St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas F. Johnson

6-DATE OF BIRTH (month, day and year) Sept 2 1880

7-AGE. 44 yrs. 4 mos. 13 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Salem

(State or Country). N. C.

PARENTS.

10-NAME OF FATHER. — Burton

11-BIRTHPLACE OF FATHER (city or town). (State or Country). N. Carolina

12-MAIDEN NAME OF MOTHER. Cannot be learned

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). N. Carolina

14- (Informant). Thomas Johnson

(Address) 421 N. Calvert St

15- JAN 19 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/17/25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1925 to Jan 17 1925

that I last saw h.. alive on Jan 17 1925

and that death occurred, on the date stated above at 7 30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

B. of Lungs

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Patient & Textbook

(Signed) Thos. F. Magness M. D.

, 19 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL. 1/19 1925

20-UNDERTAKER. Henry W. Meaux Son

ADDRESS 845 N. Calvert

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 D 94236

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST.: 19-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Fields Gee

(a) RESIDENCE. No. 1726 W Franklin St ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	[illegible]

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 2 1895 M.G.F.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Approximately	29			

M.G.F.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Broadneck Virginia

PARENTS

10 NAME OF FATHER James Gee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jennie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Fields Gee (Address) [illegible]

15 Filed JAN 19 1925 19 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1925, to Jan 15, 1925, that I last saw h[illegible] alive on Jan 15, 1925, and that death occurred, on the date stated above, at 12.05 p m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Syphilitic Aortitis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Fluid.

(Signed) Myron B. Tull, M. D.

Jan 17 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	JAN 20 1925

20 UNDERTAKER [illegible] ADDRESS

per. Wm. E. WOODALL

Daniel Easton

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94237

CERTIFICATE OF DEATH.

D 94237

REGISTERED NO. 167129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 707 N. Appleton, ST., 16 WARD)

2-FULL NAME Mary N. Childs,

(a) RESIDENCE NO. 707 N. Appleton, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Childs,

6 DATE OF BIRTH (month, day, and year) June 26, 1862.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	62	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Binder.

(b) General nature of industry, business, or establishment in which employed (or employer) Govt Printing Office

(c) Name of employer U. S. Govt.

9 BIRTHPLACE (city or town) (State or country) Wash. D. C.

PARENTS

10 NAME OF FATHER Thos. E. Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Sarah (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mrs S. N. Childs,

(Address) 707 N. Appleton St

15 JAN 19 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16. 1925.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1924. to Jan 16. 1925.

that I last saw him alive on Jan. 16. 1925.

and that death occurred, on the date stated above, at 3:25 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) 1 yrs. \ mos \ ds.

CONTRIBUTORY (Secondary) Chronic Ind. Nephritis

Cystitis - Pelonitis

(duration) \ yrs. 6 mos.) ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No. —

What test confirmed diagnosis? Urine Analysis etc.

(Signed) Thos. Norton, M. D.

1/18, 1925. (Address) 888 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	1-19-1925
20 UNDERTAKER H. C. Brauning Son	ADDRESS 51 N. Schroder St.

Spec.—1-10-21—M&T—1500 Bks.

D 94238

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94238

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bayview Hospital 21-3 REGISTERED NO. 1001

CITY OF BALTIMORE (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Fultz

(a) RESIDENCE NO. 849 Pinehurst ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Fultz

6 DATE OF BIRTH (month, day, and year) May 1, 76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John D. Fultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Bay View Hospital (Address)

15 Filed JAN 19 1925 19 RUELT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1925 to Jan 17, 1925

that I last saw him alive on Jan 16, 1925

and that death occurred, on the date stated above, at 4.00 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza + Senile Psychosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. Goldsmith, M. D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan 19 1925

20 UNDERTAKER W. M. Routson — ADDRESS 2238 N Arch

IMPORTANT: See instructions on back of certificates.

Spec- 12-23-21- E.B.P.S.-400 Bks.

D 94239

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94239

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital Ward) Registered No. 126

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Amy Frazier

(a) Residence No. 1723 N. Patterson Park ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of W H Frazier

6-DATE OF BIRTH (month, day and year) Feb 6 1904

7-AGE. 20 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. wife

(b) General nature of industry, business, or establishment in which employed (or employer). at Home

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. W. H Ross

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not Known

14- (Informant). William H Frazier

(Address). 62 Rasper ave

15- Filed JAN 10 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 17, 1925.

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1925 to Jan. 17, 1925 that I last saw her alive on Jan. 17, 1925 and that death occurred, on the date stated above, at 10 25 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan 15 1925.

For Release of Intra Abdominal Adhesions

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) D. M. Rhodes, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Cemetery

DATE OF BURIAL. Jan 20, 1925

20-UNDERTAKER. W M Routson

ADDRESS 2235 N Milton ave

Spec.—1-10-21—M&T—1500 Bks.

D 73396
D 94240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 44 ✓ D 94240

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hermes Garcia

(a) RESIDENCE Bogota Columbia S America WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or ~~Divorced~~ (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South America

PARENTS

10 NAME OF FATHER Eleuterio Garcia

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. America

12 MAIDEN NAME OF MOTHER Concepsion

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S America

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 19 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 , 1925 , to Jan 17 , 1925 , that I last saw him alive on Jan 17 , 1925 , and that death occurred, on the date stated above, at 8 05 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

Peritonitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Colombia, S. America

Did an operation precede death? Yes Date of 1/13/25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Jan 20 1925

20 UNDERTAKER John O Mitchell ADDRESS 2201 N Gay St

FROM is very important. See instructions on back of Certificate.

94241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 308 Rock st St., 18-17 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Anna Jos Schuck

(Residence in Baltimore: No. 308 Rock st St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Sept 4 (Month) 1855 (Day) (Year)

7-AGE. 69 yrs. 5 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Switzerland

PARENTS.

10-NAME OF FATHER. Don't know

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W A Strohbeck

(Address) 1923 Bennett Place

15. JAN 19 1925 ROBERT E. KRAUTER Burial Permit Issued Registrar

Filed ..... 19.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) a few hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) T. K. Gruner M. D. (Coroner.)

1-19 1925 (Address) 111 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oakland	1/20 1925
20-UNDERTAKER. Wm Cook	ADDRESS 501 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94242

CERTIFICATE OF DEATH.

D 94242

1-PLACE OF DEATH

City of BALTIMORE: (No. 1520 N. Carrollton St., 9-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Pearson

(a) Residence No. 1520 N Carrollton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Pearson

6-DATE OF BIRTH (month, day and year): May 3 1841

7-AGE: 83 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Wm Peters

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md.

14-

(Informant) Harry H Pearson

(Address) 1320 N Carolina

15- JAN 19 1925 ACCEPT F. KRAUSE, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 16/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1925 to Jan 16 1925 that I last saw her alive on Jan 16 1925 and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 16 mos. ds

CONTRIBUTORY (Secondary) Atherosclerosis

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L. Sanderson M. D.

, 19 (Address) 1714 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Ave — DATE OF BURIAL: Jan 20 19 25

20-UNDERTAKER: Wm Cook — ADDRESS 302 E North ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94243 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94243

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1802 E Lombard St., 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Satinsky

(a) Residence No. 1802 E. Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel

6-DATE OF BIRTH (month, day and year): Unknown

7-AGE: 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Mendle Yoffe

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Russia

14-

(Informant): Samuel Satinsky

(Address): 1802 E Lombard St

15-

Filed JAN 19 1925 19..

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 18/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 19 25 to Jan 18 19 25

that I last saw h. alive on Jan 18 19 25

and that death occurred, on the date stated above, at 9P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris Emilson M. D.

1/19 1925 (Address) 6 S. Exeter St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL: Hebrew Southern Balt

DATE OF BURIAL: 1/19/1925

20-UNDERTAKER: S. Levinson & Bro

ADDRESS 112 E Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94244

CERTIFICATE OF DEATH.

90 D 94244

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 938 McMechen St. (St.) 14-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Bradley.

(a) RESIDENCE. NO. 938 McMechen St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 40 yrs — Months: 7 Mo — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer): Drug Store Col

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Arthur Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Smith Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Rufus Bradley 2405 Ellamont St

15 Filed ..... 19 ..... RUFUS R. KRAUSER, Burial Permit Clerk.

JAN 13 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 25

17 I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1924, to Jan 15, 1925, that I last saw h[illegible] alive on Jan 15, 1925, and that death occurred, on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary): Rheumatism

(Duration) — yrs. One mo. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. F. Kelsey M.D.

, 19 (Address) 1 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 19 1925

20 UNDERTAKER: Joseph A Farrell

ADDRESS: 249 Division

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94245

CERTIFICATE OF DEATH.

29 ✓ D 94245

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Alameda ave. St.; 92 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl A. Spindler

(Residence in Baltimore: No. 2733 Alameda ave. St.; 43 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 20 (Day) 1853 (Year)

7-AGE, 71 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna E. Spindler

(Address) 2733 Alameda Ave

15-

Filed....., 191.....

Registrar.

JAN 19 1915 ROBERT J. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 17th (Day) 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13th 191-5, to Jan 17th 191-5, that I saw h[illegible] alive on Jan 16th 191-5, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Eugene Douglass M. D.

Jan 18th, 191 5 (Address) 830 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 18.. 191.5

20-UNDERTAKER John Welsh

ADDRESS 2008 Aliceanna

D 94246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94246

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 16 1/2 St., 179 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number (and fill out No. 18.)

2-FULL NAME... Emma F Floyd

(Residence in Baltimore: No. 1404 Riggs Ave. St.; 6 yrs., 11 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced. (Write the word.) single

6-DATE OF BIRTH. Jan. 31, (Month) (Day) 1918 (Year)

7-AGE. 6 yrs. 11 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... student
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS

10-NAME OF FATHER. Edward J. Floyd

11-BIRTHPLACE OF FATHER. (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Nebra Weeks

13-BIRTHPLACE OF MOTHER. (State or Country). N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward J. Floyd,

(Address) 1404 Riggs Ave,

15- Filed JAN 19 1925 19... ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 15, (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: 1st. degree burns of body; Clothing caught fire from piece of lighted paper (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Held in hand of 3 yr old brother accidentally (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hennessy, M. D. (Coroner)

Jan. 16 1925 (Address) 2803 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery DATE OF BURIAL. January 19 1925

20-UNDERTAKER. Mrs Katie R. Williams ADDRESS 322 N. Schroeder St

Spec- 12-23-21—E.B.R.S.—400 Bks.

D 94247

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 201 N. 24th St. 17-3 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas F. Hopkins

(a) Residence No. 201 N 24th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1851. Date Thomas Hopkins

7-AGE. 73 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Frank Hopkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER, Teresa Bond

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mary Clemens (Sister)

(Address) Sykesville Md

15- Filed 1924 ADELIA J. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16th 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 10th 1924 to Jan 16th 1925

that I last saw him alive on Jan 16th 1924

and that death occurred, on the date stated above, at 4:00 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Cystitis

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) J. Bernie Burns M. D.

1/17 1924 (Address) 2846 St Paul St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Sykesville Md	Jan 20 1925
20-UNDERTAKER	ADDRESS
J. R. Neer	Sykesville Md.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94248

D 94248

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST., 28-429 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Foggett

(a) RESIDENCE No. 601 N Bend Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace R. Foggett

6 DATE OF BIRTH (month, day, and year) May 20-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (at home)

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER Isom L. Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co Md.

14 Informant Miss Clara L. Foggett (Address) 601 North Bend Road.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1925, to Jan 11, 1925, that I last saw her alive on Jan 11, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Chronic Nephritis

Chronic Myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Hebert Wilkerson M. D.

(Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Jan. 20 1925

20 UNDERTAKER George L. Schwartz — ADDRESS 1201 Edmondson Ave

JAN 19 1925 CITY REGISTRAR

Assistant Public Health Statistician

Levi Johnson

D 94249

HEALTH DEPARTMENT—CITY OF BALTIMORE

14-24-001

D 94249

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 343 Robert St., St., 14-24 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Levi Johnson

(Residence in Baltimore: No. 343 Robert St. St.; yrs. 30 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, about 1853
(Month) (Day) (Year)

7-AGE, 72 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER, (State or Country) Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER, (State or Country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Shipley (stepdaughter)

(Address) 343 Robert Street

15- JAN 19 1925 ROBERT R. KRAUTER,
Filed ..... 19..
Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 15, 1925,
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

Jan. 16 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
U.S. National Cemetery	Jan. 19th 1925
20-UNDERTAKER.	ADDRESS
Jno. M. Johnson	1309 Druid Hill Ave.

Spec.—1-10-21—M&T—1500 Blks.

D 94250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

D 94250

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N. Biddle ST. 11-2 WARD)

2-FULL NAME Baby Lenio

(a) RESIDENCE NO. 235 N. Biddle ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Wm. Lenio

11 BIRTHPLACE OF FATHER (city or town)
(State or country) La.

12 MAIDEN NAME OF MOTHER Clara Wilson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Clara Lenio
(Address) 235 N. Biddle St

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar
JAN 10 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6. 1925

17 I HEREBY CERTIFY, That I attended deceased from ..... 1925, to 1925,
that I last saw her alive on Jan 6. 1925,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia
Lenio Broncho

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A. Lee Ellis, M. D.

1/16 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

How to fill out this certificate. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 94251 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 D 94251

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 E. Hutton Ave ST., 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Earl Richardson

(a) RESIDENCE NO. 233 E. Hutton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Earl Richardson.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Earl Richardson Father

(Address) 233 E. Hutton Ave

15 Filed ....., 19 ..... Registrar

5- THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 th 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 13th, 1925, that I last saw h. alive on Jan 12th, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Scarlet fever 1

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy, M. D.

1-12, 1925 (Address) 421 S Forest Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: 1/19/25

20 UNDERTAKER: Harry S Witzke 1531 W Lombard St ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

94252

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94252

CERTIFICATE OF DEATH.

129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2538 Fleet St St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Eva Podvaga

(a) Residence No.... 2538 Fleet St St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1878

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Eva Kot

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) John Podvaga

(Address) 2538 Fleet St

15- Filed JAN 19 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16-25

17- I HEREBY CERTIFY, That I attended deceased from January 8 1925 to January 16 1925 that I last saw her alive on January 16, 1925 and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) D. B. Bronstein, M. D.

1-19, 1925 (Address) 3037 Ordnance St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem — DATE OF BURIAL, Jan 20, 1925

20-UNDERTAKER, Stephen Wiatkowski — ADDRESS 1000 Fenwood Ave

S.A.E.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94253

CERTIFICATE OF DEATH.

D 94253

1-PLACE OF DEATH

City of BALTIMORE: (No. 426 E. Eager St. 11-3 Ward)

Registered No. 100.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Peters

(a) Residence No. 426 E. Eager St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 20 24

7-AGE. yrs. 3 mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Peters

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Anna Bayly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Joseph Peters

(Address) 426 E. Eager St

15- Filed ....., 192.... Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-18-25

17- I HEREBY CERTIFY, That I attended deceased from 1-15 1925 to 1-18 1925

that I last saw h[illegible] alive on 1-18 1925

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis Disease

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Dana Bullet M. D.

. 19 (Address) 1500 Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL. Jan. 19 1925

20-UNDERTAKER. Geo. F. Rulle

ADDRESS 1735 Harford Ave.

Spec. 12-23-21—E.B.R.S.—400 Blks.

D 94254 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94254

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1112 S. Clinton St., 26 Ward) Registered No. 100-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sylvester Markiewicz

(a) Residence No. 1112 S. Clinton St St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? 5 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec-30-1923

7-AGE, 1 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Markiewicz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Mary Forzenski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) John Markiewicz

(Address) 1112 S. Clinton St

15- Filed JAN 19 1925 ROBERT N. KRAUTER, Burial Permit (Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 8-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 19 25 to Jan 8 19 25

that I last saw him alive on Jan 18 19 25

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ronald S. Smith, M. D.

1/20, 192 5 (Address) 3326 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's Cem DATE OF BURIAL, Jan 20th 19 25

20-UNDERTAKER. Stephen Chakowski ADDRESS 1004 Fremont Ave

Spec- 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94255

CERTIFICATE OF DEATH.

5-2 100-001

D 94255

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1135 McElderry St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Louis White

(a) Residence No... 1135 McElderry St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colord

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of married

6-DATE OF BIRTH (month, day and year) 1870

7-AGE. 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... labor

(b) General nature of Industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), V. a

PARENTS.

10-NAME OF FATHER, John white

11-BIRTHPLACE OF FATHER (city or town) (State or Country), V. a

12-MAIDEN NAME OF MOTHER, rebeabre smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), V. a

11-Informant) louvinia white

(Address) 1186 mcelderry st

JAN 19 1925 ROBERT B. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 18-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10 - 1925 to January 18 1925

that I last saw h[illegible] alive on January 18 1925

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

Nephritis (Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. W. Kennard M. D

1-19. 1925 (Address) 708 Eutaw st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
mt Zion cemetery	Jan 20 1925
20-UNDERTAKER. Edward Bryan	ADDRESS 1631 arlington st

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94256

94256

CERTIFICATE OF DEATH.

22-100-26

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Hospitals, 2d Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Boyd

(a) Residence No. Boy. Mun. Asylum St., Ward 4th E York W

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (write word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1848

7-AGE. 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, David Boyd

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-(Informant) Hospital Records

(Address)

15-Filed JAN 19 1925, 19 ROGER R. BRADLEY, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/17/25

17- I HEREBY CERTIFY, That I attended deceased from 1/4, 1925 to 1/17, 1925

that I last saw him alive on 1/17, 1925

and that death occurred, on the date stated above, at 11 30 P.M.

The CAUSE OF DEATH* was as follows:

Senile pneumonia

Fract (neglected)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? B.M.A.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) Amelia Denson M.D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney's Cem. DATE OF BURIAL. 1/19/25, 19

20-UNDERTAKER M. Doyle & Son ADDRESS 15 E Lee St

Spec–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94257

CERTIFICATE OF DEATH. 37

D 94257

1-PLACE OF DEATH

City of BALTIMORE: (No. 327 S. East Ave St., 16-5 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Barbara Muller.

(a) Residence No. 327 S. East Ave. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Jos. Muller.

6-DATE OF BIRTH (month, day and year) June 4 - 1876

7-AGE, 48 yrs. 7 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Nicholas Buettner.

11-BIRTHPLACE OF FATHER (city or town)..... Germany.
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (city or town)..... Germany
(State or Country),

14-
(Informant) John Jos. Muller
(Address) 327 S. East Ave.

15-
Filed JAN 19 1925 ..... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 16-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1924 to Jan 16 1925 that I last saw h.. alive on Jan 15 1925 and that death occurred, on the date stated above, at 11.10 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray

(Signed) C A Reyscheuder M. D.

1/19, 1925 (Address) 2939 East Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St. Mathews Cem. DATE OF BURIAL, Jan. 20 1925

20-UNDERTAKER, Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94258

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94258

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 Poplar Grove St., 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Marie Casey

(a) Residence No. 517 Poplar Grove St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm Casey

6-DATE OF BIRTH (month, day and year) Aug 10, 87

7-AGE. 37 yrs. 5 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Henry Sudbrok

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Anna Dick

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Balto Md.

14- (Informant) Wm Casey

(Address) 517 Poplar Grove St

15- Filed JAN 19 1925 192 [illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 17 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 7, 1925 to Jan 17, 1925.

that I last saw h[illegible] alive on Jan 17, 1925.

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocardial Degeneration (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?*

(Signed) Dr Michel, M. D.

Jan 18, 1925 (Address) 1901 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral DATE OF BURIAL. Jan 20, 25

20-UNDERTAKER. J. Margaret E. Hagan ADDRESS 1411 Riggs Av

Spec.—6-9-19—H. P. Co.—1000 Bks.

) 94259

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 94259

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3327 Mc Elderry St. 76 3 38 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest August Albert Janne

(a) RESIDENCE. No. 3327 Mc Elderry St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Christina Janne

6 DATE OF BIRTH (month, day, and year) Dec 3. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) Geo Gunther Brewing Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Love Kalberg Germany

PARENTS

10 NAME OF FATHER ~~Ernest Janne~~ Carl Janne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotta Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas H Janne
(Address) 1910 E 28th St

15 Filed JAN 19 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924; to Jan 17, 1925; that I last saw h[illegible] alive on Jan 16, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (and)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. J. Meyer Jr. M. D.

1/17, 1925 (Address) 1500 E. 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt German Cem	Jan 20 1925

20 UNDERTAKER Peter Nicolaus ADDRESS 2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

17 634
D 94260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

D 94260

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 8-3 ST., WARD)

REGISTERED NO. D 94260

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Davis

(a) RESIDENCE NO. 1515 N Durham St WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: B & O. Building Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Charles Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E. Gearin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

JAN 19 1925 ROBERT R. KRAUTER, Local Public Health Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1925 to Jan 18 1925; that I last saw her alive on Jan 18 1925; and that death occurred, on the date stated above, at 10:45 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Tub-Ovarian Abscess Right with Generalized Peritonitis

Peritonitis (duration) yrs. mos 5 ds. ?

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 1-15-25

Was there an autopsy? yes

What test confirmed diagnosis? autopsy Operation

(Signed) Julian D Stafford M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Jan 22 1925

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94261

D 9426I

CERTIFICATE OF DEATH.

6-3 49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Elijah J. Russell

(a) RESIDENCE NO 156 N. Milton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah C. Russell

6 DATE OF BIRTH (month, day, and year) Feb 12/66

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Medical
(b) General nature of industry, business, or establishment in which employed (or employer) Doctor
(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

10 NAME OF FATHER Elijah J. Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Sarah C. Russell

(Address) 156 N. Milton ave

Filed JA 9 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Papilloma of bladder malignant (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) acute nephritis (duration) yrs. mos. 1 ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Jan. 19, 1925 (Address) 280 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 1/20 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Eutaw

D 94262 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94262

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 16-145-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Harris

(Residence in Baltimore: No. 126 N. 10th St St.; 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	mar

6-DATE OF BIRTH. July 4-1894 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
30 yrs. 6 mos. 13 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Sparrows Pt. Md

PARENTS.

10-NAME OF FATHER. John McNichols

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary E.Hannon

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl Harrsi (husband)

(Address) 126 N. 10th St

15-

Filed 1925 19.. Robert P. Harrison, Registrar.

~~Burial Permit Clerk.~~

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 17-25 (Month) (Day) (Year) 192..

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-hemorrhage due to unilateral uterine cervical rupture & full term child birth- spontaneos delivery. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J S Keller M. D. (Coroner.)

1-17-25 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn	1/21 1925

20-UNDERTAKER. Philip Henrig ADDRESS 2016 Orleans St

Cor.—1-12-23—M&T—100 Bks.

D 94263

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail. ST., 18-2 WARD)

REGISTERED NO. 193

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Spriggs.(C).

(a) RESIDENCE NO 905 Vine Street. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	--	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. Central Dist.
(Address)

Filed ..... 192 Registrar

JOHNS HOPKINS HOSPITAL

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5th, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained hy said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frost bite, and gangrene of both feet.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Jan 19th, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER
Dept. of Health

ADDRESS

DATE OF BURIAL 1925 JAN 19 1925

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94264

D 94264

CERTIFICATE OF DEATH.

7 66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 W. Pratt St. ST., 4-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Renshaw.(C)

(a) RESIDENCE NO. Sparrows Point. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mary Smith.(C)
(Address) 312 S. Sharp St.

15 Filed JAN 19 1925 192 Robert P. Harrison Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 19, 1924. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Jany. 5, 192 5 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 19 1925

20 UNDERTAKER for Health.

ADDRESS

Burial Permit Clerk

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94265

D 94265

CERTIFICATE OF DEATH.

66

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Curtis Ave. Curtis Bay. WARD) 25-11

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Bucklaha.

(a) RESIDENCE NO. 1111 Curtis Ave. Curtis Bay. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ---mos.---ds. How long in U. S., If of foreign birth? 7 yrs.---mos.---ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of Elena Bucklaha.

6 DATE OF BIRTH (month, day, and year) January 24, 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant George Ramanauski.
(Address) 1111 Curtis Ave. Curtis Bay.

15 Filed ....., 192 .....
Registrar

MORGUE. Burial (Order) Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 25, 1924. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

Jany. 19th 1925 (Address) 1014 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

Dep. Health Officer. JAN 19 1925

Cor.—1-12-23—M&T—100 Bks.

D 94266

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94266

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Tinson.(C).

(a) RESIDENCE No. 1102 E. Lexington St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. Central Dist. (Address)

15 Filed ..... 192 ..... Registrar

Robert P. Harrison, JOHNS HOPKINS HOSPITAL

9 1925 JAN 10 1925

E. Monroe. Burial 10668

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt, M. D. (Coroner.)

Jan. 19th, 1925. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	1 192
20 UNDERTAKER	ADDRESS
[illegible] for Keith,	

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94267 D 94267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH St. Joseph's Hosp N-Y Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Dunn

(a) Residence No. 1628 Thames St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE	If LESS than 1 day
42 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seaman 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) New York (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) Mrs. Jones

(Address) 1628 E. Thames St. ~~Ohio~~

15- Filed ..... 19.. Robert P. Harrison Registrar.

JAN 16 1925

0064

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 13, 1925 to Jan 15, 1925

that I last saw h. alive on Jan 15, 1925

and that death occurred, on the date stated above, at 10. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Bilateral

(Duration) Yrs. Mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 1628 Thames St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Lybert M. D

19 (Address) St Jos. Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	1-17-, 1925
20-UNDERTAKER,	ADDRESS
[illegible]	

Spec.—8-24-14—M. & T.—2000 Bks.

D 94268

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94268

CERTIFICATE OF DEATH.

REGISTERED No. C 3-290

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Bethel ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Haag

(Residence in Baltimore: No. 119 S. Bethel St.; 61 yrs., 11 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Jan 21, 1863 (Month) (Day) (Year)

7-AGE, 61 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Potter
(b) General nature of industry, business, or establishment in which employed (or employer) do

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Bernard Haag

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Bissler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Bayer

(Address) 117 S. Bethel St.

15- JAN 19 1925 Filed ..... 191... Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan, 1924, to Jan 18 1925, that I saw h[illegible] alive on Jan 15 1925, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Aort. Dilatation

(Duration) yrs. 1 mos. ds.

(Signed) W. B. Rowles M. D.

Jan 18, 1925 (Address) 1704 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan. 21, 1925

20-UNDERTAKER Henry Lutz — ADDRESS 1203 Broadway

Spec.—1-10-21—M&T—1500 Blks.

D 94269

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94269

CERTIFICATE OF DEATH.

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4-3 WARD)

2-FULL NAME Baby Boy Hart

(a) RESIDENCE NO. Dutton Ave: Catonsville ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1/13/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER W Wesley Hart

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Hefner

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Hospital Record.
(Address)

15 Filed ... 19 ...

Registrar

9 1925 Robert P. Harrison,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/25

17

I HEREBY CERTIFY, That I attended deceased from 1/16/25, 19..., to 1/17/25 19 ...

that I last saw h ~~alive~~ on 1/17/25. 19...

and that death occurred, on the date stated above, at 11.15 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY
(Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. W. Hartley M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 1/20/25

20 UNDERTAKER Carroll Turley ADDRESS Fulton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 94270

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94270

CERTIFICATE OF DEATH.

8-24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 N. Milton ave ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza E Bunn

(a) RESIDENCE No. 1642 N Milton ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) Widow

5a If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Late John S Bunn

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) " "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Thomas Pitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Geo Bunn (Address) 1642 N Milton ave

15 Filed JAN 18 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1924, to Jan 17, 1925, that I last saw h~~e~~r alive on Jan. 15, 1925 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 2 yrs. mos da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert Singenstaff M. D.

1/18, 1925 (Address) 1613 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Dallsmeadow

DATE OF BURIAL Jany 20 1925

20 UNDERTAKER Edgar J Turner

ADDRESS W. North Ave

Spec.—1-10-21—M&T—1500 Blks.

D 94271

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94271

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2047 E. North ave ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Saml. O. Grant Whitmer

(a) RESIDENCE NO. 2047 E. North ave ST., WARD Jamestown Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 15 1873

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Jamestown (State or country) Md

PARENTS

10 NAME OF FATHER Lewis Whitmer

11 BIRTHPLACE OF FATHER (city or town) Emmitsburg (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) Graceham (State or country) Md

14 Informant Milton Whitmer

(Address) 2047 E. North ave

15 Filed 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Jan 17, 1925, that I last saw h alive on Jan 15, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Malignant Gravis Carcinoma of Mediastinum & right Lung

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of c

Was there an autopsy? No

What test confirmed diagnosis? X ray & chest

(Signed) Jefferies Brack M. D.

1/18, 1925 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jamestown Md	Jany 20 1925
20 UNDERTAKER Robt J Turner	ADDRESS Rec'd 4 42 N. Paca

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94272 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94272

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Jos Hospital 24-1 90

City of BALTIMORE: (No. ..... St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Kaufhaus

(a) Residence No. 111 E Eager St St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-~~If married~~, widowed, ~~or divorced~~, ~~HUSBAND of~~ WIFE of Bernard Kaufhaus

6-DATE OF BIRTH (month, day and year) April 17 1850

7-AGE. 74 yrs. 9 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Austria

PARENTS

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Austria

14- (Informant) Mrs Mary Miller
(Address) 111 E Eager St

15- Filed. 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-17-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 15th 1925 to Jan 17 1925 that I last saw h.e.d. alive on Jan 17 1925 and that death occurred, on the date stated above, at 4 20 P m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Uremia
Decompensation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) I. B. Sybert, M. D.
19 (Address) 5400 York Road

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	1 20, 1925
20-UNDERTAKER.	ADDRESS
Ernest Hartle	112 E Mount St

Spec.—6-9-19—H. P. Co.—1099 Bks.

D 94273

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94273

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto and Payson Sts. REGISTERED NO. 101

CITY OF BALTIMORE: (NO German Aged Hom ST.: 70-S WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tom. Trupp.

(a) RESIDENCE. NO. German Aged Home ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Trupp.

6 DATE OF BIRTH (month, day, and year) May 26 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Jos. Trupp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lud Erck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant German Aged Home Records
(Address) Balto and Payson Sts.

15 Filed FEB 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/15/25. 19 , to 1/18/25 19 ,
that I last saw h[illegible] alive on 1/18/25 , 19 ,
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John L Wolff, M. D.

, 19 (Address) 1543 W Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 21 1925

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94274 D 94274

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St.; 16-35 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Lincoln Baker

(Residence in Baltimore: No. 1003 Appleton St., St.; 75 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. February 14th (Month), (Day), 1860 (Year)

7-AGE. 64 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE. (State or Country), Westminister Maryland

PARENTS.

10-NAME OF FATHER. William Baker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Jane Murray

13-BIRTHPLACE OF MOTHER (State or Country). Westminister Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Irving Baker

(Address) 1514 S.13 St. Birmingham, Ala.

15-

Filed....., 191.....

Robert P. Harrison, Registrar.

D 1025 Burial Permit Clerk.

Morgue

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan - (Month) 10 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July - 1 1924, to Jan - 10 1925, that I saw h[illegible] alive on Jan - 10 1925, and that death occurred, on the date stated above, at 4 A.M. P.M.

The CAUSE OF DEATH* was as follows:

H. Hypert. Prostate

Operation 7-2-24

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hyp. State Pulmonary

(Duration) yrs. mos. ds.

(Signed) M. D. Parr M. D.

1-19..., 191.25 (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. 10 ds. In the State 71 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1003 Appleton Stree.

19-PLACE OF BURIAL OR REMOVAL. Westminster Md. DATE OF BURIAL. Jan 21-24 1925

20-UNDERTAKER Joseph L. B. Cook ADDRESS 1003 N. Gilmor St.

Cor.—1-12-25—M&T—100 Bks.

D 94275

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94275

CERTIFICATE OF DEATH.

REGISTERED NO. 182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Kelly.

(a) RESIDENCE NO. 730 E.Pratt Street. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Patrick Kelly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Flaherty.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant John Kelly.(brother). (Address) Sparrows Point Md.

15 Filed 9 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan.16th, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidental fall on the street.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Jan. 19th, 1925. (Address) 1014 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Accident, Pratt St. and Talisway, January 10th, 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St. Patricks DATE OF BURIAL Jan 20 1925

20 UNDERTAKER William Lee ADDRESS 5.2 E Preston

Spec.—1-10-21—M&T—1500 Bks.

D 94276

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94276

CERTIFICATE OF DEATH.

16-143

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3111 Presbury ST., 16 WARD)

2-FULL NAME William Jennings

(a) RESIDENCE NO. 3111 Presbury ST.

(Usual place of abode) WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jennings

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Michael J. Jennings

(Address) 3111 Presbury St.

15 Filed .....19..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17—1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1924, to Jan. 17, 1925, that I last saw him alive on Jan 17, 1925, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of Oct 14 24

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Edw V. Woolahan M. D.

, 19 (Address) 24 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 20, 1925

20 UNDERTAKER Chas. R. Evans & Son ADDRESS 1011 N. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94277 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St. 11-2 38 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. James Beaton

(a) Residence No. 706 S. Mount St., Ward.....
(Usual place of abode) 104 N. Caps St. (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Sngl

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1859

7-AGE. 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. ?

11-BIRTHPLACE OF FATHER (city or town) (State or Country). ?

12-MAIDEN NAME OF MOTHER. ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). ?

14- (Informant) Municipal Hospital Records

(Address).....

15- Filed ..... 19? Robert F. Harrison, Registrar.

0 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-18-25

17- I HEREBY CERTIFY, That I attended deceased from 7-28, 1924, to 1-18, 1925, that I last saw h~~im~~ alive on 1-18, 1925, and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis; C.V.S Syphilis (Aortic Insuff); Cerebral Thrombosis (Rt. Hemiplegia)

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Lab

(Signed) Claude C. Drane, M. D.

1-19, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Jan 21 1925

UNDERTAKER. Ray P. Evans Son

ADDRESS 1180 Nth Royal Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94278

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94278

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. M. E. Home for Aged ST.: 70-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel M. Chappell.

(a) RESIDENCE. No. Fulton Ave & Franklin ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20, 1849

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Jacob Medairy

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Caroline Kriel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Etta Luddy
(Address) 400 N Fulton

15 Filed 19 Robert P. Harrison Registrar

JAN 19 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/16, 1925, to 1/18, 1925
that I last saw h[illegible] alive on 1/18, 1925,
and that death occurred, on the date stated above, at 4.30 a. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/19, 1925 (Address) 2020 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem.	Jan 20 1925
UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94279 D 94279

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hosp. ST., 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Rebecca Sterling

(a) RESIDENCE NO. 2645 Harlem Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ivan W. Sterling.

6 DATE OF BIRTH (month, day, and year) Aug. 7. 1893.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
31	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Geo. Geo. Schieling

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Emma R. Filby

13 BIRTHPLACE OF MOTHER (city or town) York Co. (State or country) Pa.

14 Informant Ivan W. Sterling

(Address) 2645 Harlem Av

15 Filed JAN 21 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 18. 25

17

I HEREBY CERTIFY, That I attended deceased from 1922, 19 , to 1. 18. 25, 19 .

that I last saw her alive on 1. 18. 25, 19 .

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscop. Chemical & Bac. Tests

(Signed) Philip B. Taylor M. D.

1. 19. 25 19 (Address) 1732 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan. 20 1925

20 UNDERTAKER Charles J. Schwab. — ADDRESS 505 N. Monroe St.

D 94280

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94280

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 Walnut Alley St., Ward 17-24)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Douglass

(Residence in Baltimore: No. 511 Walnut Alley St.; yrs. 49 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. about (Month) (Day) 18.. (Year)

7-AGE.	If LESS than 1 day,
49 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Louis Holland

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Douglass

(Address) 511 Walnut Alley

15-

Filed. JAN 19 1925 19.. Robert F. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 16, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) T. Hennessy M. D. (Coroner.)

Jan 21 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	1-20 1925
20-UNDERTAKER.	ADDRESS
Dowell Eastern Ave	916

Spec.—1-10-21—M&T—1500 Blks.

Edmona Phillips

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94281

D 94281

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital

CITY OF BALTIMORE: (No. Raynor ave & Lanvale ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmona Phillips

(a) RESIDENCE No. 206 N Schrader ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13 1924

7 AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edmond Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

MAIDEN NAME OF MOTHER Lucy Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lucy Gray

(Address) 2067 Lakewood Ave

15 Filed 9 1925, 19 Robert F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/ 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/29, 1924, to 1/19, 1925,

that I last saw h alive on 1/19, 1925,

and that death occurred, on the date stated above, at 5.25 PM m.

The CAUSE OF DEATH* was as follows:

malnutrition

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Clement R. Monroe, M. D.

, 19 (Address) West Baltimore General Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-21 1925
20 UNDERTAKER Jno D Easton	ADDRESS 916 Pa ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94282

94282

CERTIFICATE OF DEATH.

15-13 90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Cumberland. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Willard

(a) RESIDENCE. No. 709 Cumberland ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Willard

6 DATE OF BIRTH (month, day, and year) Mar. 4, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Frederick County, Md.

PARENTS

10 NAME OF FATHER Norman Harding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Clarence Edward Willard, Jr.

(Address) 709 Cumberland St.

15 Filed . 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15. 1923, to Jan. 17. 1925, that I last saw h[illegible] alive on Jan. 17. 1925, and that death occurred, on the date stated above, at 2 45 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Exam.

(Signed) John S. Quinn, M. D.

(Address) 1507 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1-21-1925

20 UNDERTAKER H. Brauning Son

ADDRESS 57 N Schroeder St

THIS IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94283

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94283

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Liberty Heights Ave ST. 15-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary McComas Silver

(a) RESIDENCE No. 3706 Liberty Heights ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard C. Silver

6 DATE OF BIRTH (month, day, and year) Sept 18-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	62	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Alexander H. Comas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Geo Co Maryland

12 MAIDEN NAME OF MOTHER Mary Cohn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland.

14 Informant Howard C. Silver

(Address) 3706 Liberty Heights Ave

15 Filed Jan 9 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clark.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan. 18, 1925, that I last saw her alive on Jan 17, 1925, and that death occurred, on the date stated above, at 9 00 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 da.

CONTRIBUTORY (Secondary) Chronic Arterial Hypertension

(duration) Several yrs. mos da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll Lockard, M. D.

Jan 9. 1925 (Address) 42. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 20 1925

20 UNDERTAKER H. C. Hughes — ADDRESS 4 & N. Broadway

Ce Mallard St James

Spec.—1-10-21—M&T—1500 Blks.

D 94284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

132 D 94284

1-PLACE OF DEATH Maryland Gen. Hosp.

CITY OF BALTIMORE: (No. Madison & Linden ST., 27-1 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Margaret Miller

(a) RESIDENCE No. Park Heights - 7 Milelane ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1863

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriette Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Margaret Miller
(Address) Same

15 Filed ..... 19 ..... Registrar
Robert P. Harrison,
JAN 1925
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1924, to Jan. 15, 1925, that I last saw her alive on Jan 15, 1925, and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

Bilateral Renal Calculus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo A Thompson M. D.

, 19 (Address) 1111 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan 20 1925

20 UNDERTAKER H E Myhol — ADDRESS 414 N Broadway
Per Mellon & Jones

Spec.—1-10-21—M&T—1500 Bks.

D 94285

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94285

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Boyview Hospital

CITY OF BALTIMORE: (No.) ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Harris

(a) RESIDENCE NO. 545 Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Born yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Blk

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alabama

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Henry Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alabama

12 MAIDEN NAME OF MOTHER: Do

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do

14 Interment (Address): Boyview Hospital

15 Filed Jan 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1922 to Jan 17, 1925

that I last saw h alive on Jan 17, 1925

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 mos ds.

CONTRIBUTORY (Secondary) General Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. Goodman, M. D.

1/19/1925 (Address) Boyview Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan 20 1925

20 UNDERTAKER: John H. Goodman — ADDRESS 1627 Round Hill

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94286

CERTIFICATE OF DEATH.

22-231V

D 94286

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Perry ST., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George West,

(a) RESIDENCE NO. 119 Perry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31 1905

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
19 years	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William West

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Williams

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co. Md. (State or country)

14 Informant Annie West (Address) 119a Perry St.

15 Filed JAN 20 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 18, 1925, that I last saw h alive on Jan 18, 1925 and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pulmonary

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W W Horton M. D.

19 2 (Address) 1725 Mad Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	1/21 1925
20 UNDERTAKER John H. Toadvine	ADDRESS 102 Druid Hill Ave

Spec.—1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94287

CERTIFICATE OF DEATH.

129 D 94287

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2118 Mount ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Baker

(a) RESIDENCE NO. 2118 Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844 Jan 15

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Albert W Musgrave

(Address) 2118 mount st

15 Filed JAN 29 1925 MABEL A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1924 to Jan 17 1925.

that I last saw h.e alive on Jan 17 1925.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic B Parenchymatous nephritis. Ac. S. Uremia

Duration

CONTRIBUTORY (Secondary) Parenchymatous Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Gross post

(Signed) Thos [illegible] M. D.

, 19 (Address) 2322 Bundreds

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/20 1925
20 UNDERTAKER	ADDRESS
Robert Brookman	Calhoun Hollins st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94288

CERTIFICATE OF DEATH.

179 D 94288

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1162 N. Hamburg ST., 21-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Vorbringer

(a) RESIDENCE NO. 1162 N. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of [redacted]

6 DATE OF BIRTH (month, day, and year) May 7-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Julius Vorbringer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER H. Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Vorbringer

(Address) 1162 N. Hamburg St

15 Filed JAN 20 1925 ROBERT A. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19-1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 1924 to Jan 19 1925

that I last saw him alive on Jan 18 1925

and that death occurred, on the date stated above, at 7-30 a m.

The CAUSE OF DEATH* was as follows:

Chr Int-Nephr.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Schwensberg M. D.

, 19 (Address) 1126 N Gross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	1-21-1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94289

CERTIFICATE OF DEATH.

D 94289

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 22-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thomas.

(a) RESIDENCE No. 119 Hughes ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Thomas

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Samuel Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Alice Thomas

(Address): 119 Hughes St

15 Filed JAN 20 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1925. to Jan. 17 1925.

that I last saw him alive on Jan. 17, 1925.

and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of Jan. 12, 1925

Was there an autopsy? yes.

What test confirmed diagnosis? Operation

(Signed) A. L. Anderson, M. D.

1/18, 1925 (Address) Univ. Hospital Lom & Greene Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct

DATE OF BURIAL: Jan 20 1925

20 UNDERTAKER: L. V. Brown & Son

ADDRESS: 108 10 Monte

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 27-179

City of BALTIMORE: (No. 3 W. Hamilton av. St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett E. Weaver

(a) Residence No. 3 W. Hamilton av. St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. X mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 15/1862

7-AGE	If LESS than 1 day
62 yrs. ... mos. ... ds.	... hrs. or ... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Michigan

PARENTS.
10-NAME OF FATHER, Alfred Kennedy
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Michigan
12-MAIDEN NAME OF MOTHER, Harriet McPherson
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Michigan

14-Informant: Mrs. P. W. Weaver
(Address) No. 3 W. Hamilton av

Filed JAN 20 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 19-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 5, 1924 to Jany 19, 1925 that I last saw h[er] alive on Jany 19, 1925 and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:
Squamous Cell Epithelioma of Neck.
(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Squamous Cell Epithelioma of neck. (Duration) 2 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of March 26/23

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Morris B. Green M. D.
Jany 19 1925 (Address) Hamilton Baltimore Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemty.	Jan 21 1925
20-UNDERTAKER.	**ADDRESS**
George J. Rush	1730 Hayford av

Spec.—1-10-21—M&T—1500 Bks.

Lizzie V. Mills

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94291

CERTIFICATE OF DEATH.

9-47

D 94291

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hosp ST. WARD)

2-FULL NAME Mrs Lizzie V. Mills

(a) RESIDENCE No. 2252 Cecil Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 18 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: ~~Husband of~~ ~~Wife of~~ WIFE Albert Harry Mills

6 DATE OF BIRTH (month, day, and year) Nov 5, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

PARENTS

10 NAME OF FATHER: Geo. L. Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Middletown Md.

12 MAIDEN NAME OF MOTHER: Amanda Bible

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Middletown Md.

14 Informant: Albert H. Mills. (Address) 2252 Cecil Ave

15 JAN 20 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to Jan 18, 1925, that I last saw he alive on Jan 18, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Essential Hypertension

about 20 yrs. mos ds. (duration)

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

5 hrs. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Clement R. Monroe, M. D.

Jan 8 1925 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown Md

DATE OF BURIAL: Jany 21 1925

20 UNDERTAKER: John O. Mitchell

ADDRESS: 120 W. Fayette St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94292

1-PLACE OF DEATH

City of BALTIMORE: (No. 2037 N. Fulton ave St., 15-13 Ward) Registered No. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Broaddus P. Norton

(a) Residence No. 2037 N. Fulton Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lula Dove Norton

6-DATE OF BIRTH (month, day and year): July 4. 1857

7-AGE: 67 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Lecture

(b) General nature of industry, business, or establishment in which employed (or employer): Writer

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Va.

PARENTS

10-NAME OF FATHER: Wm H. Norton

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: Eliza

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va.

14-

(Informant): Lulu Dove Norton

(Address): 2037 N. Fulton ave

15-

Filed JAN 21 1925 192 RUSSELL S. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Janu. 18 25.

17-

I HEREBY CERTIFY, That I attended deceased from 2-15 Jan 18 1925 to Jan. 18 25 1925

that I last saw him alive on Janu 18, 1925

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

The attack lasts 30 minutes

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Duvall, M. D.

1/19 25 (Address) 1817 N. Fulton ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Janu 20, 1925

20-UNDERTAKER: John O'Neill Sons — ADDRESS: 1101 Lafayette Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94293

CERTIFICATE OF DEATH.

D 94293

1-PLACE OF DEATH

City of BALTIMORE: (No. Mount Hope Retreat St., 28 Ward) Registered No. 139

2-FULL NAME... Mary C Drum

(a) Residence No... Mount Hope Retreat St., 28 Ward Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 52 yrs. 8 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 15-1872

7-AGE, 52 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)... School work
(c) Name of employer...

9-BIRTHPLACE (city or town)... Boston
(State or Country), Mass

PARENTS.

10-NAME OF FATHER, John Drum

11-BIRTHPLACE OF FATHER (city or town) Co. Cavan
(State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margt Desmond

13-BIRTHPLACE OF MOTHER (city or town) Co. Cork
(State or Country), Ireland

14-(Informant) Records of Mt Hope Retreat
(Address)... Baltimore Md

15-Filed JAN 20 1925 19... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 19-1925

17-I HEREBY CERTIFY, That I attended deceased from Mch 21-1904 19... to Jan 19th 1925 that I last saw h[illegible] alive on Jan 18th 1925 and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:
Fibroid Tumor (Uterine) with Sec
Fibrocystic degeneration

Cab 1 (Duration) 4 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Chronic Dis. Pyelonephritis

Cab 1 (Duration) 21 yrs. 0 mos. 0 ds.

18-Where was disease contracted if not at place of death?... Boston Mass

Did an operation precede death? No. Date of...

Was there an autopsy?... No

What test confirmed diagnosis?...

(Signed) Frank J Flannery M. D.

Jan 19th, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Arlington Va. DATE OF BURIAL, Jan 20th 1925

20-UNDERTAKER, STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94294

D 94294

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE. (No. 1404 McRoyal Ave St., 14-24-001 Ward) Registered No.

2-FULL NAME James Morris Craig

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1404 McRoyal Ave St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? 70 yrs. 6 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) July-18-1854

7-AGE, 70 yrs. 6 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER George Craig.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Maryland.

12-MAIDEN NAME OF MOTHER. Kate Proudfoot.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore. Maryland.

14- (Informant) Miss Kate Craig

(Address) 1404 McRoyal Ave

15- [illegible], 19..

JAN 20 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 18 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 1924, 19.., to Jan 18, 1925.

that I last saw him alive on Jan 17, 1925.

and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) about two hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) since Oct to my knowledge yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Fox M. D.

Jan 19, 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Green Mount Cemetery

DATE OF BURIAL. Jan 20, 1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94295

CERTIFICATE OF DEATH.

D 94295

1-PLACE OF DEATH

City of BALTIMORE: (No. 44-S-Fulton Ave St., 19-1 Ward) Registered No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mabel Hayes Thomas

(a) Residence No. 44-S-Fulton Ave St., Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? 20 yrs. 0 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Jan-10-1905

7-AGE. 20 yrs. 0 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Typewriter

(b) General nature of industry, business, or establishment in which employed (or employer). Balto Life

(c) Name of employer. Insurance Co.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Solomon W. Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Cambridge Maryland

12-MAIDEN NAME OF MOTHER. Mabel Campbell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Elmira New York

14- (Informant) Mrs. S. W. Thomas (father)

(Address) 44-S-Fulton Ave

JAN 20 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 17-1925

17- I HEREBY CERTIFY, That I attended deceased from June 27-, 1923 to Jan. 17-, 1925

that I last saw h-d alive on Jan. 10-, 1925

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

about

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema Uremia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What (est confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

Jan 19. 1925 (Address) 2125 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem

DATE OF BURIAL. Jan 20 19 25

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

94296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 100-001

D 94296 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Thomasella Cronin

(a) RESIDENCE NO. Eighth St & Ashland Ave WARD Brooklyn NY

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 9th 1904

7 AGE 20 Years	2 Months	10 Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roxbury Mass

PARENTS

10 NAME OF FATHER Denis Cronin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannah Coffey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sister Mary Diomede

(Address) Notre Dame Hospital City

15 Filed ..... 19 .... ROBERT R. KRAUTER Registrar

JAN 20 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19 1925

17

I HEREBY CERTIFY, That I attended deceased from January 13, 1925, to January 18, 1925, that I last saw him alive on January 18, 1925, and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Kirby M. D.

July 14 1925 (Address) 110 E Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Cliff Road

DATE OF BURIAL Jan 20 1925

20 UNDERTAKER Frank A. Tink

ADDRESS 704 Gay St

Spec.—1-10-21 M&T—1500 Blks.

94297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94297

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 N. Cary ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Bradley

(a) RESIDENCE NO. 1127 N. Cary ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Cooks

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co Md

PARENTS

10 NAME OF FATHER Emory Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rosie Resvick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Walter Bradley

(Address) 1127 N. Cary

15 Filed JAN 20 1925 19 ROSELLE R. KRAMER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1925 to Jan 17 1925.

that I last saw h[illegible] alive on Jan 17 1925.

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage Lesion

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

1925 (Address) 2037 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Jan 20 1925

20 UNDERTAKER Chas. W. Chase Sons — ADDRESS 1405 Madison

Mary E. Tyson

D 94298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-18-001

D 94298

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 620 W. Redwood St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Tyson

(Residence in Baltimore: No. 620 W. Redwood St. St., 46 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: June 12 1868 (Month) (Day) (Year)

7-AGE: 56 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Md

PARENTS:

10-NAME OF FATHER: John Stone

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Dont know

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Tyson

(Address) 620 W. Redwood St.

15- Filed JAN 20 1925 19.. ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Obstructions of Intestines Gas

a Few hours (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gas escaping from stove

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. K. Gosnell M. D. (Coroner)

1-17 1925 (Address) 4 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Jan 21 1925

20-UNDERTAKER: A Howard Evans ADDRESS .....

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94299

1-PLACE OF DEATH

City of BALTIMORE: (No. 306 Whitridge ave St., 17-4 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Ellen M. Yeakley

(a) Residence No.... 306 Whitridge ave St.,.....Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced (HUSBAND of or) WIFE of Aquilla A Yeakley

6-DATE OF BIRTH (month, day and year) July 23rd 1845

7-AGE, 79 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Reuben Musick

11-BIRTHPLACE OF FATHER (city or town). Balto
(State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Bull

13-BIRTHPLACE OF MOTHER (city or town). Baltimore
(State or Country), Md

14-

(Informant)..... John H. Webb

(Address)..... 1213 E Lanvale st

15-

Filed JAN 20 1925 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 18th 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1925 to Jan 18 1925

that I last saw h[illegible] alive on Jan 18 1925

and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

.....(Duration)..... yrs. mos. 2 ds.

CONTRIBUTORY (Secondary).....

.....(Duration)..... yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) D. Lee Magness, M. D.

1, 19, 1925 (Address) 1206 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan 22 1925

20-UNDERTAKER, George Schillington Sons — ADDRESS 1125 E Monument st

Spec.—1-10-21—M&T—1500 Blks.

D 94300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94300

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Norwood Ave ST., 28-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Bayley McCahn.

(a) RESIDENCE NO. 3601 Norwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude M. McCahn

6 DATE OF BIRTH (month, day, and year) Jan 31, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER James McCahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER J. Cassidy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) East Port Maine

14 Informant (Address) G. McCahan 3601 Norwood Ave

15 Filed JAN 20 1925 19 ROBERT R. YOUNG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1924 to Jan 19 1925, that I last saw him alive on Jan 18 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Acute dilitation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw V. Cookay M. D.

19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm Lamp Evans — DATE OF BURIAL Jan 21 1925

20 UNDERTAKER E. A. Weidefeld Jr — ADDRESS 501 E 22 St

Cor.—1-12-23—M&T—100 Blks.

D 94301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-79

D 94301

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Snowden

(a) RESIDENCE NO. 528 N. Spring St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late William Snowden

6 DATE OF BIRTH (month, day, and year) Feb-1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Former Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Burial Permit Clerk.

14 Informant Agnes Maddox
(Address) 520 N. Dallas St

15 Filed ..... 192 ..... Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held un inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over Head, face arms & body (accidental-clothing caught fire while attempting to light coal oil stove) (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Collins (Coroner.) M. D.

1-19-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Jan 21—1925
20 UNDERTAKER	ADDRESS
Mrs Chas G. Bailey	49 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94302

CERTIFICATE OF DEATH.

13-4 90 D 94302

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Falls Rd ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel H Price

(a) RESIDENCE No. 419 Falls Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie V Price

6 DATE OF BIRTH (month, day, and year) June 14 1843

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ret Railroader

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Effie Marchant
(Address) 419 Falls Rd

15 Filed JAN 20 1925, 19 ROLA S. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19/25

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1924, to January 19, 1925, that I last saw him alive on January 18, 1925, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis, Myocarditis, (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Frank H Hamblin, M. D.

, 19 (Address) 1037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lindridge Cem DATE OF BURIAL Jan 21 1925

20 UNDERTAKER E de Roy Stiffler ADDRESS 125 E nath

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94303
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

10-2 100-001 D 94303

REGISTERED NO.

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Brown

(a) RESIDENCE NO 1430 E. Monument St ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

PARENTS

14 Informant Johns Hopkins Hospital
(Address)

15 JAN 28 1925 192 ROBERT A. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)
(Autopsy at Hospital- complete transposition of all thoracic & abdominal viscera)
(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. S. Wallace, M. D.
(Coroner.)
1-15-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL RS HOPKINS HOSPITAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94304

D 94304

CERTIFICATE OF DEATH.

REGISTERED NO. C 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Dolphin ST.: 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leah Hill

(Residence in Baltimore: No. 214 Dolphin St.: 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: C.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: July 4, 1882 (Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Home work.

9-BIRTHPLACE, (State or Country): Md Baltimore City and County

PARENTS.

10-NAME OF FATHER, Washington Hill

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Margaret Banks

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marguette Hill

(Address) 214 Dolphin St.

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan — 18 —, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1925, to Jan 18 1925, that I saw h[illegible] alive on Jan 18 1925, and that death occurred, on the date stated above, at 6.25 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 8 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Fibrositis

(Duration) yrs. mos. 8 ds.

(Signed) S. B. Hughes M. D.

Jan 18, 1925 (Address) 1413 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Manor — DATE OF BURIAL, Jan 22 1925

20-UNDERTAKER Mrs. P. G. Elliott — ADDRESS 725 Lanvale

Spec-12-23-21—E.B.R.S.—400 Bks.

D 94305

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94305

CERTIFICATE OF DEATH.

13-89

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2417 Lakeview Ave., St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Landy

(a) Residence No. 2417 Lakeview Ave., St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Landy

6-DATE OF BIRTH (month, day and year) 1863 ~~Oct. 1864~~

7-AGE. ~~61~~ 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mer Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 266

(c) Name of employer .....

9-BIRTHPLACE (city or town) .....
(State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) .....
(State or Country), Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) .....
(State or Country). Russia

14- (Informant) Friend

(Address) 1439 E. Balto

15- Filed ..... 192.. Registrar.

MAR 28 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-19-25

17- I HEREBY CERTIFY, That I attended deceased from Jan-19. 19.25 to Jan-19-19.25
that I last saw h[illegible] alive on Jan-19 19.25
and that death occurred, on the date stated above, at 11.45 p. m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman Seidel M. D

, 19 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pikesville, Maryland — DATE OF BURIAL. 1-20., 19.25

20-UNDERTAKER. Isaac Lewis — ADDRESS 1439 E. Balto

Spec.—I-10-21—M&T—1500 Bks.

D 94306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1-5 90

D 94306

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Bonner Rd ST., 15-5 WARD)

2-FULL NAME Sarah Shane

(a) RESIDENCE NO. 3915 Bonner Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Shane

6 DATE OF BIRTH (month, day, and year) —1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Morris Brot

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Gertrude —

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant J. Lewis
(Address) 1739 E. Bala.

15 Filed JAN 20 1925 By ROBERT F. KNABEL, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to Jan 19, 1925, that I last saw her alive on Jan 19, 1925, and that death occurred, on the date stated above, at 2:25 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm F Gadrin, M. D.

1-20, 1925 (Address) 1310 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 1-20 1925

20 UNDERTAKER Jos. Lewis,

ADDRESS 1739 E Bala

Spec—12-23-21—E.B.R.S.—400 Bks.

✓ 894307

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9430 — 47 — D 94307

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2414 Eager Place St., 7-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Catherine Boeddeker

(a) Residence No. 2414 Eager Place St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick Boeddeker

6-DATE OF BIRTH (month, day and year) May 26 1874

7-AGE. 50 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or....mdn.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto
(State or Country),

PARENTS.

10-NAME OF FATHER, John L Berger

11-BIRTHPLACE OF FATHER (city or town) Balto
(State or Country),

12-MAIDEN NAME OF MOTHER, Elizabeth Goebe

13-BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country),

14- (Informant) Frederick Boeddeker

(Address) 2414 Eager Place

15- Filed....., 192.. ROBERT P. ARAUJO, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 19/25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1924 to Jan. 19, 1925 that I last saw h.er alive on Jan. 19, 1925 and that death occurred, on the date stated above, at 5.10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast.

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 1923

Was there an autopsy? No.

What test confirmed diagnosis? Path. Findings

(Signed) Vincent P. Jeska M. D.

, 19 (Address) 845 N. Gold. St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL. Jan 22 1925

20-UNDERTAKER Veit Enoch Son — ADDRESS 1406 Eutaw Pl

Spec.—1-10-21—M&T—1500 Bks.

1094308

D 94308

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94308

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Hudson ST., 26 WARD) REGISTERED NO. 61-020

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME No name (Buchner)

(a) RESIDENCE NO. 3510 Hudson ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Buchner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Adam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brandywine, Penna.

14 Informant Mary Buchner mother

(Address) 3510 Hudson St.

15 Filed JAN 20 1925 Burial Permit Clerk, Registrar

0075

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1925, to Jan. 18, 1925, that I last saw him alive on Jan. 18, 1925, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia · neonatorum

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gus Schabacker, M. D.

, 19 (Address) 806 S. 32nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Hospital

DATE OF BURIAL ... 19

20 UNDERTAKER Commissioner of Health

Per. Wm. E. Woodall

ADDRESS

JAN 20 1925

Spec—12-23-21—E.B.R.S.—400 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94309

CERTIFICATE OF DEATH.

6-28

D 94309

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2204 E Fayette St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John H Gray

(a) Residence No..... 2204 E. Fayette St., 6 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Married Elizabeth Gray

6-DATE OF BIRTH (month, day and year) Jan 8 1853

7-AGE, 72 yrs. mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Producer

(b) General nature of industry, business, or establishment in which employed (or employer)..... Seeber

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Baltimore
(State or Country),

PARENTS.

10-NAME OF FATHER, Wesley Gray

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Hester Collins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-

(Informant) Elizabeth Gray

(Address) 2204 E Fayette St

15-

Filed JAN 20 1925, 19.. WILLIS R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 19/25

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925 to Jan 19, 1925

that I last saw h alive on Jan 1 1925

and that death occurred, on the date stated above, at 12 30 p m

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam J Lehmann, M. D.

1/19, 1925 (Address) 18 N Pat Ehrm

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loch Raven DATE OF BURIAL, Jan. 21, 1925

20-UNDERTAKER, Louis Hemann ADDRESS 32 S Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94310

D 94310

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 118 Addison St., 19-2 Ward) 129

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline R Weaver

(a) Residence No. 118 Addison St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Weaver

6-DATE OF BIRTH (month, day and year) Sept 24, 1857

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto, Md

PARENTS

10-NAME OF FATHER. Emanuel Weaver

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto, Md

12-MAIDEN NAME OF MOTHER. Mary Rivers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto, Md

14- (Informant) Geo. Weaver

(Address) 118 Addison St.

15-

Filed ..... 192 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 17/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1925 to Jan 17 1925

that I last saw h[illegible] alive on Jan 16 1925

and that death occurred, on the date stated above, at. 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edgar E. Tinsley M. D.

19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Greenmount	Jan 21, 1925

20-UNDERTAKER,	ADDRESS
Albert Lenk & Son	E. Lanvale St

Cor.—1-12-23—M&T—100 Blks.

D 94311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 94311

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Harlem ave ST. 13-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine J. Kronenburg

(a) RESIDENCE NO. 1403 Harlem ave ST. 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of L. M. Kronenburg

6 DATE OF BIRTH (month, day, and year) Sept 29 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
68				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None 037
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. M. Kronenburg (Address) 1403 Harlem ave

15 Filed ..... 192 ..... WILLIAM A. KRAUTER, Registrar

JAN 20 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular disease of heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Homager M. D.
(Coroner.)

Jan 19 1925 (Address) 9572 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 1/21 1925

20 UNDERTAKER William Cook — ADDRESS 502 E Hoff

Spec–12-23-21–E.B.R.S.–400 Bks.

94312

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 D 94312

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1013 N. Gay St., 7-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John J. Smith

(a) Residence No. 1013 N. Gay St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Smith

6-DATE OF BIRTH (month, day and year) Jan 11th 1834

7-AGE. 85 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Camden N. J.

PARENTS.

10-NAME OF FATHER. John J. Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Camden N. J.

12-MAIDEN NAME OF MOTHER. Sarah Budd

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Camden N. J.

14-Informant Eva D. Wineberg

(Address) 1013 N. Gay

15-Filed JAN 20 1925 HERBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 19/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1925 to Jan 19 1925 that I last saw him alive on Jan 16 1925 and that death occurred, on the date stated above, at 12 55 A.M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) 0

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W Dandridge M. D.

19 (Address) 1714 N. Caroline St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal**, or **Homicidal**. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Evergreen Camden Cemetery N J	1/22 1925
20-UNDERTAKER. William Cook	ADDRESS 502 E North

Spec—12-23-21—E.B.R.S.—400 Bks.

94313

Dr Riley

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-Dr D 94313

1-PLACE OF DEATH

City of BALTIMORE, (No. 1832 St. Collington Ward)

Registered No.

2-FULL NAME Charles H. Metz

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1832 St. Collington St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Amelia Metz

6-DATE OF BIRTH (month, day and year) Jan. 1 1868

7-AGE, 57 yrs. mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Recving Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway

(c) Name of employer Company

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER Charles H Metz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER, Mary C Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant) Amelia Metz

(Address) 1832 N. Collington

15- Filed JAN 20 1925 ROBERT M. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 18 1925

17- I HEREBY CERTIFY, That I attended deceased from about 2 wks ago to Jan 18 1925, that I last saw h~~im~~ alive on about Jan 3, 1925, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? aut

(Signed) M. T. Riley M. D.

(Address) 1039 Edwards

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge

DATE OF BURIAL. 1/21 1925

20-UNDERTAKER. Wm Cook

ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94314

CERTIFICATE OF DEATH.

28-1 90

D 94314 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Belview Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Walter

(a) RESIDENCE NO. 4303 Belview Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry J Walter

6 DATE OF BIRTH (month, day, and year): Aug 13-1863

7 AGE — Years: 61 — Months: 5 — Days: 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Alex. Pippler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Maisel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr H J. Walter 4303 Belview Ave

15 Filed . 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 . 1925 . to Jan 19 . 1925 .

that I last saw h alive on Jan 19 . 1925 .

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH was as follows:

Heart Failure in Dilated Heart with Valvular Lesion

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Engorged Liver

(duration) at least yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Consultation

(Signed) Dr Nelson C Parker M. D.

. 19 (Address) 3123 N Howard av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Jan. 23, 25

20 UNDERTAKER: Wm Cook

ADDRESS: 228 North ave

Cor.—1-12-23—M&T—100 Bks.

D 94315

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94315

CERTIFICATE OF DEATH.

3-1 188

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Plunga

(a) RESIDENCE NO. 217 President St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Joseph Milch
(Address) 217 President St

15 Filed JAN 20 1925 JOSEPH S. KRAUTER, Registrar
Burial Permit

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull- struck by automobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Falk, M. D.
(Coroner.)

1-19-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 21. 1925

20 UNDERTAKER: John Grebliauckas ADDRESS 425 S. Pac. St

Spec.—1-10-21—M&T—1500 Blks.

17306

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94316

D 94316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jean Canby Painter

(a) RESIDENCE NO. ..... Relay Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — May 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Andrew Painter

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Cora Andrews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

15 FILED Jan 20 1925, 19 Robert F. Harrison, Registrar

Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 — , 1925, to Jan 18 , 1925,

that I last saw her alive on Jan 18 , 1925,

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute gastro-intestinal indigestion

(duration) — yrs. mos 14 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Am Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery.	1/21 1925

20 UNDERTAKER Henry H. Myers & Son ADDRESS 805 N. Eutaw St.

D 94317

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94317

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 335 W Preston st St., 11-2 Ward) 1918 Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Clarence Lewis

(Residence in Baltimore: No. 335 W Preston st St., 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. Unknown (Month) ..... (Day) 1882 (Year)

7-AGE. 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto City

PARENTS

10-NAME OF FATHER. Clarence Lewis

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Ella Tomas

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Jayson

(Address) 1219 N. Eutaw St.

15-

Filed. JAN 29 1925 19.....

Robert P. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab Wound in heart (Local) a few mins.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arty. Sm. Heel

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) I R Lemmon M. D. (Coroner)

1 JUL 1925 (Address) 111 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL, Jan 2 1925

20-UNDERTAKER. Eugene Yates

ADDRESS 2460 Hoy

Morgue

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94318

D 94318

CERTIFICATE OF DEATH.

37

22-2

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Cornish

(a) RESIDENCE NO. 829 Bevans st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Will Cornish

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Isaac

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address) M.T.H.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1925, to Jan. 17, 1925, that I last saw h alive on Jan. 17, 1925 and that death occurred, on the date stated above, at 12.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. D. White, M. D.

1-17-25 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 30 1925

20 UNDERTAKER Commissioner Health.

ADDRESS

For Wm. E. Woodall

JAN 20 1925 Burial (979) ... Clerk

Spec.—1-10-21—M&T—1500 Bks.

D 94319

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94319

CERTIFICATE OF DEATH.

74-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 27-11 WARD)

2-FULL NAME Albert Gregory

(a) RESIDENCE NO. Harford Rd, Hamilton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

20 1925 Burial Permit Clerk 0678

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-7, 1925, to 1-16, 1925;

that I last saw him alive on 1-16, 1925;

and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Cerebral Thrombosis (Left Hemiplegia)

(duration) ..... yrs. ..... mos. ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Path.

(Signed) Claude G. Dean, M. D.

1-17 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 1925

20 UNDERTAKER Commissioner Health.

JAN 20 1925

Spec.—1-10-21—M&T—1500 Bks.

D 94320

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94320

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St. 76-7 Ward)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Ford

(a) RESIDENCE NO. Bay View Asylum St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ? (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed ....., 19 .....

Robert P. Harrison, Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-16, 1925, to 1-18, 1925, that I last saw her alive on 1-17, 1925, and that death occurred, on the date stated above, at 12:15 a m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

..... (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ex.

(Signed) Clyde A. Dean, M. D.

1-18 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 20 1925

20 UNDERTAKER Commissioner Health,

ADDRESS

Rep. Wm. E. Woodall

Spec—12-23-21—E.P.R.S.—400 Eks.

D 94321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 ✓

D 94321

1-PLACE OF DEATH

City of BALTIMORE: (No. 1414 Bank St., 3-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Stenger

(a) Residence No. 1414 Bank St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wilhelmina Stenger

6-DATE OF BIRTH (month, day and year) 1848 Sept 10

7-AGE. 76 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Christopher Stenger

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margreth Stenger

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), German

11- (Informant) Wilhelmina Stenger

(Address) 1414 Bank St.

15- Filed JAN 20 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 17 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1925 to Jan 17 1925

that I last saw h— alive on Jan 17 1925

and that death occurred, on the date stated above, at 12/15 m.

The CAUSE OF DEATH* was as follows:

Lo Grippe —

& followed by Lobar Pneumonia —

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D

, 19 (Address) 125 S Bond

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL. Jan 21 1925

20-UNDERTAKER Wendell Diffel & Son — ADDRESS 378 Penn

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94322

CERTIFICATE OF DEATH.

D 94322

1-PLACE OF DEATH

City of BALTIMORE: (No. 1916 Penrose Ave St., 20-34 Ward) Registered No.

2-FULL NAME. Annie Thompson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1916 Penrose Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 6th 1854

7-AGE. 70 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House work,

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. Self

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Selock Thompson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

11- (Informant) Mrs Nellie C. Blair

(Address) 1916 Penrose Ave.

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 22 to Jan 19 1925

that I last saw h alive on Jan 19 1925

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw. J. Cordahey D

, 19 (Address) 2744 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 21 1925
20-UNDERTAKER	ADDRESS
Jos Logan & Son	901 E Lanvale

Spec.—1-12-23—M&T—500 Bks.

D 94323

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94323

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Fleming

(a) RESIDENCE NO. 341 Gleason St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Amelia Fleming

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Yard Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Cattle

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER ~~Andrew~~ Andrew F. Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " Pa.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " Ireland

14 Informant Mrs Amelia Fleming (Address) 341 Gleason St.

15 Filed ....., 19 Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1925, to Jan. 19th, 1925, that I last saw him alive on Jan. 19th, 1925, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus.

5 weeks (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Toxaemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? X-ray —

(Signed) Newman F. Anderson M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	1/22 1925.
20 UNDERTAKER E. Wm. Offutt, Jr.,	ADDRESS 1154 N. Gilmor Lane.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94324

CERTIFICATE OF DEATH.

D 94324

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 524 S. Paca St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Santa Cerniglia

(a) Residence No. 524 S. Paca St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/18.1859.

7-AGE. 66. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Italy

PARENTS.

10-NAME OF FATHER: Domenico Cerniglia

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Francesca Lamartina

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Italy

14-

(Informant) Salvatore Cerniglia

(Address) 524 S. Paca

15-

Filed ..... Robert P. Harrison

Registrar.

JAN 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-18-25

17- I HEREBY CERTIFY, That I attended deceased from 1-17- 1925 to 1-18 1925

that I last saw h[illegible] alive on 1-18 1925

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis & Hypertention. Renal insufficiency - Pulmonary Embolism (Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency (Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. D'Amario M. D

1-20 1925 (Address) 1007 Linden ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral	Jan 21 1925
20-UNDERTAKER.	ADDRESS
Geo J Ruth	1735 Harford ave

Spec.—1-10-21—M&T—1500 Blks.

94325

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94325

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosh ST. 22-1 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Taylor

(a) RESIDENCE NO. 625 Conway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Elizabeth Taylor

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elizabeth Willet
(Address) 625 Conway St.

15 Filed JAN 20 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 19 25, to Jan 17, 19 25, that I last saw him alive on Jan 17, 19 25 and that death occurred, on the date stated above, at 1 20 p.m.

The CAUSE OF DEATH* was as follows:

Structure Cant. of pyel urethra
Chr nephritis
Pyonephrosis
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Data

(Signed) A. E. Rittma, M. D.

, 19 (Address) 338 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cemetery Woodlawn. DATE OF BURIAL Jan 21 1925

20 UNDERTAKER Adolph Hasted. ADDRESS 157 Lexington Ave. Catonsville. Md.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94326

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94326

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1518 Madison Ave St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Moore Jongeun

(a) Residence No. 1518 Madison Ave St. Ward South Carolina

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry Jongeun

6-DATE OF BIRTH (month, day and year) Aug 11-1900

7-AGE. 24 yrs. mos. ds. OR IF LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). S. C.

PARENTS.

10-NAME OF FATHER. J. W. Moore

11-BIRTHPLACE OF FATHER (city or town) (State or Country). S. C

12-MAIDEN NAME OF MOTHER. Cassie Crooker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). S. C.

11- (Informant) Carrie Moore

(Address) 1518 Madison ave

15- Filed JAN 21 1925 ROBERT R. KRAUTER, Registrar.

12- Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 19/1925

I HEREBY CERTIFY, That I attended deceased from Jany 10 1925 to Jany 19 1925 that I last saw h.er alive on Jany 18 1925 and that death occurred, on the date stated above, at 5:15 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) yrs. mos 10 ds.

18-Where was disease contracted if not at place of death? New Jersey

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. F. Claudius M.D.

Jan 20, 1925 (Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn

DATE OF BURIAL. Jan 21 1925

20-UNDERTAKER. John H. Toadvine

ADDRESS 1027 Druid Hill ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94327

CERTIFICATE OF DEATH.

D 94327

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. 1029 S Sharp St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Elkins

(a) Residence No. 1029 S Sharp St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 10, 1881

7-AGE. 43 yrs. 0 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Howard Elkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Lizzie Sams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

11-

(Informant) Lizzie Elkins

(Address) 1029 S Sharp

15-

Filed JAN 21 1925 Type. ROBERT N. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). January 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6 1925 to Jan 18 1925

that I last saw h[illegible] alive on Jan. 17, 1925

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombosis

(Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D W Francisco M. D

1/20, 1925 (Address) 122 W. Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Jan 21, 1925

20-UNDERTAKER, Mrs R. G. Elliott. ADDRESS 1725 Eastlandave

Spec.—1-10-21—M&T—1500 Blks.

D 94328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94328

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. Guilford Ave & 21st. ST., 12-5-89 WARD)

2-FULL NAME Glove Bell Bower

(a) RESIDENCE No. Home for Incurables ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apl.5.1863

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or ....min.
	61	9	14	

8-OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

PARENTS

10 NAME OF FATHER George W.Bower

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabelle Peck

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant C.H.Bower

(Address) Balto.Co.Md

15 Filed JAN 21 1925, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan.19,1925

17 I HEREBY CERTIFY, That I attended deceased from Jany — , 1922, to Jany 18 , 1925.

that I last saw her alive on Jany 18 , 1925

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Aortitis

(duration) over 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Wm B Mayo, M. D.

1/19, 1925 (Address) Baltimore - Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt.Olivet Cemetery — DATE OF BURIAL: Jan.21.1925

20 UNDERTAKER: H.E.Hughes — ADDRESS: 424 N.Broadway

D 94329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-101-60

D 94329

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colonial Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Mabel

(Residence in Baltimore: No. 1607 Pressbury St. St.; yrs. 28 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH, Feb. 3, 1896
(Month) (Day) (Year)

7-AGE, 28 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. Mabel

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Barbara Mabel

13-BIRTHPLACE OF MOTHER, (State or Country), Wash. D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Wm Mabel
(Address) 1607 Pressbury St

15- Filed JAN 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) I find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessey M. D.
(Coroner.)

Jan. 14 1925 (Address) 2802 Edmondson Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Jan 22nd 1925

20-UNDERTAKER.	ADDRESS
C. Jones	111 S. Gilmor st

Spec.—1-10-21—M&T—1500 Bks.

D 94330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 D 94330

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Callowan ST., 13-6 WARD)

2-FULL NAME Maurice Rottenberg

(a) RESIDENCE NO. 2416 Callowan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Rottenberg

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hatter Repairer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungari

PARENTS

10 NAME OF FATHER Josef Rottenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungari

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungari

14 Informant Joseph Rottenberg (Address) 2416 Callowan

15 Filed JAN 21 1925 19.... MYER S. KRAUTER, Registrar

VITAL STATISTICS CLERK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17

I HEREBY CERTIFY, That I attended deceased from June 3rd 1924, to Jan 20, 1925, that I last saw h in alive on Jan 20, 1925, and that death occurred, on the date stated above, at 3:50 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of June '24.

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Surgical Findings

(Signed) Michael A Abramson, M. D.

Jan 20, 1925 (Address) 2360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	1/22/25 19
20 UNDERTAKER	ADDRESS
J. Abrens & Co	3314 Pennsylvania

Spec.—1-10-21—M&T—1500 Bks.

Zawodny

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94331

CERTIFICATE OF DEATH.

100-001

D 94331

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 3-2 WARD)

2-FULL NAME Thomas Zawodny

(a) RESIDENCE NO. 200 S. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER John Zawodny

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Friend Kowalska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Municipal Hospital
(Address)

15 Filed JAN 21 1925 16 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-10, 1925, to 1-19, 1925, that I last saw him alive on 1-19, 1925, and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Clark G. Bruce, M. D.

1-20 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Jan 21 1925

20 UNDERTAKER John M. Weber

ADDRESS 803 Sand

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94332

CERTIFICATE OF DEATH.

D 94332

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Jouanda ave. ST.: 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Edwd. Parks

(a) RESIDENCE. No. 4608 Jouanda Ave ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M. Parks

6 DATE OF BIRTH (month, day, and year) Aug. 17- 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - Mariner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Isaac Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Esther Judd

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant W. J. Parks
(Address) Harrisburg, Pa.

15 Filed JAN 21 1925 ROBERT S. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11 1925 to Jan. 20 1925
that I last saw him alive on Jan. 20 1925
and that death occurred, on the date stated above, at 7 10 P. m.
The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Wm. R. Johnson, M. D.
(Address) 3928 Reisterstown Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Upper Fairmount Somerset Co. Md. Via Pennsylvania R.R. to Hulmeville	Jan 21 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94333 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94333

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 641 S. 14th St., 26-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Infant Baby Dashuman

(a) Residence No. 641 S 14th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 20/1925

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, 1 hrs. or — min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Bello (State or Country),

PARENTS.

10-NAME OF FATHER, Chas Dashuman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New York

12-MAIDEN NAME OF MOTHER, Francis Kreche

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New York

14- (Informant) Chas Dashuman

(Address) 641 S 14th St

15- Filed JAN 21 1925 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 20/1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 19 25, to Jan 20, 19 25, that I last saw h alive on 19, and that death occurred, on the date stated above, at 9 22 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod, M. D.

, 19 (Address) 4704 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Matthews Cem

DATE OF BURIAL. Jan 21, 1925

20-UNDERTAKER. John Weeks

ADDRESS 2008 Aliceanna

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94334 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94334

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 9. Ellwood Ave ST.; 1-4 31 WARD) REGISTERED NO.

2-FULL NAME Morgret Martha Brzozowski (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE. NO. 9 S. Ellwood ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F Mo

4 COLOR OR RACE W A

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Brzozowski

6 DATE OF BIRTH (month, day, and year) Feb. 14 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Kurzyeski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wm Lipinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Brzozowski (Address) 9 S Ellwood Ave

15 Filed JAN 21 1925 H. A. Mills Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 25

17 October

I HEREBY CERTIFY, That I attended deceased from October 24 19 24 to Jan 19 19 25, that I last saw h alive on Jan 19 19 25, and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Kyseneth M. D.

19 (Address) 801 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Jan 22 19 25
20 UNDERTAKER	ADDRESS
H. M. Bazenski	6950 Eastern

Spec.—1-10-21—M&T—1500 Bks.

D 94335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-7 57 D 94335

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Windsor Mills Road. ST., 15 WARD)

2-FULL NAME Mary Ellen Mooney

(a) RESIDENCE NO. 1717 Windsor Mills Road. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Mooney

6 DATE OF BIRTH (month, day, and year) Uncertain 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Mannon

11 BIRTHPLACE OF FATHER (city or town) Maryland.

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Parker.

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant William A. McClatchie

(Address) 1717 Windsor Mills Road

15 Filed JAN 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 - 1925

17

I HEREBY CERTIFY, That I attended deceased from July 8 , 1924 , to Jan 19 , 1925.

that I last saw her alive on Jan 19 - , 1925.

and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetic gangrene & Coma

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus.

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? U.A.

(Signed) M Bannan Stovall, M. D.

Jan 20 1925 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	1/21 1925
20 UNDERTAKER	ADDRESS
Chas R. Brandt Son	16 W. Mt Royal Ave

Cor.—1-12-23—M&T—100 Bks.

D94336

HEALTH DEPARTMENT—CITY OF BALTIMORE

D94336

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 225 N Dallas St., 3-2 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Scott.

(a) RESIDENCE No. 225 N Dallas St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46		0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant ...
(Address)

15 Filed JAN 21 1925, 192... Registrar.

JOHNS HOPKINS HOSPITAL
ROBERT R. KRAUTER
Assistant Record Clerk

0082

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) G Wilson Yates, M. D.
(Coroner.)

Jan 9th 1925 (Address) 143 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL
JOHNS HOPKINS HOSPITAL

DATE OF BURIAL
JAN 21 1925

20 UNDERTAKER
... Bureau of Health.

ADDRESS

Cor.—1-12-23—M&T—100 Bks.

94337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94337

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3120 Talbot ST., 12 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Rice

(a) RESIDENCE No. 3120 Talbot ST., 12 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " "
(State or country)

14 Informant
(Address)

15 Filed ... 192 ... Registrar

JAN 21 1925 ROBERT R. KRAUTER

1800 THS [illegible] Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Disease of Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) John Morrison, M. D.
(Coroner.)

Jan 21, 192 5 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER Asst. Wm. E. Hughes

ADDRESS JAN 21 192

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94338

CERTIFICATE OF DEATH.

113 D 94338

1-PLACE OF DEATH

City of BALTIMORE: (No. 1428 E. Oliver St. St., 9-7 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benidetto Gulizza

(a) Residence No. 1428 E. Oliver St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 7-1924

7-AGE, ...yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Gulizza.

11-BIRTHPLACE OF FATHER (city or town) Italy
(State or Country),

12-MAIDEN NAME OF MOTHER, Mary Cusimano

13-BIRTHPLACE OF MOTHER (city or town) Balto.
(State or Country), Md.

14-
(Informant) Thomas Gulizza.
(Address) 1428 E. Oliver St.

15-
Filed JAN 21 1925 ROBERT R. KRAUTER, Registrar.
Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 20-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925 to Jan 19, 1925 that I last saw h.e alive on Jan 19, 1925 and that death occurred, on the date stated above, at 8.20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Jos. L. Johnston M. D.

Jan 21, 1925 (Address) 14 So Durst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Jan. 23, 1925

20-UNDERTAKER, Lilly & Zilio ADDRESS 403 S. Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94339

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1007 Harlem Ave St., 16-2 129 Ward)

Registered No.

2-FULL NAME Elizabeth Emily Blocker

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1007 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Emmanuel J. Socker

6-DATE OF BIRTH (month, day and year): Apr. 12 1838

7-AGE: 86 yrs. 9 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Henrietta Stubb

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14- (Informant): Mrs. Nettie E. Scott

(Address): 1027 Harlem Ave

15- Filed JAN 21 1925 [illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 20 1925

17. I HEREBY CERTIFY, That I attended deceased from Jany 6, 1925, to Jany 20, 1925

that I last saw h.. alive on Jany 19, 1925

and that death occurred, on the date stated above, at 7.12 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(Duration) 4 yrs. — mos. — ds

CONTRIBUTORY (Secondary) Uraemia

(Duration) — yrs. — mos. 2 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Nathan F. Leeman M. D

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	Jan 23, 1925

20-UNDERTAKER: Wm. J. Pickell & Son ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Blks.

D 94340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1709 N Kanoal ST., 16 WARD)

REGISTERED No. D 94340

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hedwicka Lembach.

(a) RESIDENCE No. 1709 N Kanoal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Lembach.

6 DATE OF BIRTH (month, day, and year) Feb 22 1840

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
84	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Margt Lembach

(Address) 1709 N Kanoal St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Jan 20, 1925, that I last saw her alive on Jan 19, 1925, and that death occurred, on the date stated above, at 145 A m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Jan 26, 1925 (Address) 731 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 1-22-1925

20 UNDERTAKER Mrs Chas G Rohde

ADDRESS 600 N Carlington

Spec.—1-10-21—M&T—1500 Bks.

D 94341 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94341

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 1 1 - 1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Gertrude Humpley

(a) RESIDENCE NO. 1013 Druid Hill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 00 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2/ 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alexander Hemsley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Md

12 MAIDEN NAME OF MOTHER Celia V Bonnell

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Samuel Hemsley 1013 Druid Hill Ave (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 21 1925, 19 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1925, to Jan. 20, 1925,

that I last saw her alive on Jan. 20, 1925,

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Jan 19, 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. Glenn Craig M. D.

20 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1/26 1925

20 UNDERTAKER S. H. Chase & Son

ADDRESS 1000 Mosher

Spec.—1-10-21—M&T—1500 Bks.

D 94342 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94342

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle Campbell

(a) RESIDENCE NO. 527 Orchard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Temple Holmes

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary Moody

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed JAN 21 1925, 19 H. A. W.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-20, 1924 to 1-19, 1925

that I last saw her alive on 1-18, 1925

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Hypertension
Chronic Nephritis
Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Sat. & Autopsy

(Signed) Clark G. Drane, M. D.

1-19-1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/22 1925
20 UNDERTAKER James F. Fraser	ADDRESS 78 N Eden St

Cor.—1-12-23—M&T—100 Bks.

D 94343 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94343

38 V

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 E. Monument St ST., 10-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Holland

(a) RESIDENCE NO. 1306 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Holland

6 DATE OF BIRTH (month, day, and year) May 10/1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	8	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER James Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Sarah Stuart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md

14 Informant Ella Walker (sister)
(Address) 1107 N. Port St

Filed JAN 21 1925 192 H.A.W. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency
Myocardial "

(over)

(duration) 21/2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Syphillis (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Bacon (Coroner) M. D.

1-19-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence /

19 PLACE OF BURIAL, CREMATION OR REMOVAL Not given here

DATE OF BURIAL 1/23 192

20 UNDERTAKER Samuel Kennedy

ADDRESS 578 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 94344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 94344

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Eutaw St., 17-6 WARD)

2-FULL NAME Jennie Lowry

(a) RESIDENCE No. 1619 Eutaw ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced (or) WIFE of David Lowry

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Royal Oak Md.

PARENTS

10 NAME OF FATHER James O'Lingt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James E. Lowry son
(Address) 10 Foxhall Ave Arlington Point Md.

15 Filed JAN 21 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 19 25

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 . 1925 . to Jan 19 . 1925 .

that I last saw her alive on Jan 18 . 1925 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis and Interstitial Nephritis
(duration) uncertain yrs. mos ds.

CONTRIBUTORY (Secondary) Severe Bronchitis and Hypertension
(duration) 2 weeks yrs. months ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. F. Leary, M. D.

1/20 . 1925 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Royal Oak Md DATE OF BURIAL 1/21 1925

20 UNDERTAKER Emma D. Hensley ADDRESS Ft Bridge

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94345

CERTIFICATE OF DEATH.

129 D 94345

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Covey

(a) RESIDENCE NO. 203 Scott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Ofb

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wish Covey

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed JAN 21 1925, 19.... AUGUST R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—19 1925

17

I HEREBY CERTIFY, That I attended deceased from 1—17, 1925 to 1—19, 1925;

that I last saw him alive on 1—19, 1925

and that death occurred, on the date stated above, at 12³⁰ P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Hypertension;

Chronic Nephritis;

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Uremia; Myocardial failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sat.

(Signed) Claude S. Drane, M. D.

1-20. 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md

DATE OF BURIAL Jan 21 1925

20 UNDERTAKER Robert Brokenbrough

ADDRESS Calhoun Hallett

Spec.—1-10-21—M&T—1500 Bks.

D 94346

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 D 94346

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 171 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Williams

(a) RESIDENCE No. 1121 Kirk ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Dave Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant Municipal Hospital Records

(Address)

15 Filed JAN 21 1925 19 ROBERT S. KRAMER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-31, 1924, to 1-20, 1925

that I last saw him alive on 1-20, 1925

and that death occurred, on the date stated above, at 11 30 A m

The CAUSE OF DEATH* was as follows:

Syphilitic Aortitis,
Aortic Insufficiency
Myocardial Insufficiency

(duration) yrs. 2 mos. (Hosp) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Claude C. Drew, M. D.

1-20 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1-23-25
20 UNDERTAKER	ADDRESS 816 Ca ave
Dent Earhart	

Spec.—1-10-21—M&T—1500 Bks.

(1768 D 94347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 101-001 D 94347

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

2-FULL NAME Sherman Spriggs

(a) RESIDENCE NO Westminster Ky ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): #

(c) Name of employer: #

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Upton Spriggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ky

12 MAIDEN NAME OF MOTHER Louise Spriggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed APR 21 1925 ROBT. S. KRAUSS, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925 to Jan 17, 1925, that I last saw h[illegible] alive on Jan 17, 1925, and that death occurred, on the date stated above, at 12.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hol. wood-Pa

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Manfred Gottmaker, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 1-22-25

20 UNDERTAKER: James Carlin — ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94348

CERTIFICATE OF DEATH. 90 D 94348

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Eagle ST., 19-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate F. Meyer

(a) RESIDENCE NO. 1841 Eagle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? 42 yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theobald Meyer

6 DATE OF BIRTH (month, day, and year) Feb 13, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
64 Yrs	64	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeping 037

(b) General nature of industry, business, or establishment in which employed (or employer) Keeping house

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Bruigen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Theobald Meyer

(Address) 1841 Eagle St.

15 Filed JAN 21 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 16, 1924, to Jan 19, 1925, that I last saw her alive on Jan 18, 1925, and that death occurred, on the date stated above, at 9.10 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) Over 2 mos ✓ ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No Physical Examination

What test confirmed diagnosis?

(Signed) Henry E. Ohler, M. D.

Jan 19 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 22 1925

20 UNDERTAKER C. W. Dill — ADDRESS 3109 Frank. Ave.

Spec—12-23-21—E.B.R.S.—400 Blks.

MULLAN

D 94349

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1621 John St. St., 14-10 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Gertrude McKay Mullan

(a) Residence No. 1621 John St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer F.

6-DATE OF BIRTH (month, day and year) Feb 2-1875

7-AGE. 50 yrs. 4 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robt McKay

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ellen R Brownell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Elmer F. Mullan

(Address) 1621 John St

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 26

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1924, to Jan 21, 1925

that I last saw h[illegible] alive on June 20, 1925

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Tubar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Tubercular Meningitis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Grant, M. D.

June 25. 25 (Address) 707 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. June 23, 1925

20-UNDERTAKER. Wm Cook ADDRESS 532 E. Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94350

D 94350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2685 St Benedict ST. 9th WARD) REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick F. Sieber

(a) RESIDENCE. No. 2685 St Benedict ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C Sieber

6 DATE OF BIRTH (month, day, and year) Aug 16-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer Dept

(c) Name of employer Greenwald Co

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Fred. Sieber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Mary La Lievie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mrs Anna Sieber

(Address) 2685 St Benedict St

15 Filed JAN 21 1925, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15 1923, to Jan 19 1925, that I last saw him alive on Jan 19 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urinary

(Signed) Chas. C. Conser, M. D.

1-20. 1925 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Linden Park Cemetery — DATE OF BURIAL Jan 22 1925

20 UNDERTAKER F. B. Wiefsid — ADDRESS 1850 W. Baltimore St

Size—12-23-21—E.B.F.S.—400 Blks.

D 94351 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. 5312 Harrison Ave St.) (Ward 27-12) Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert L. Emerick Sr

(a) Residence No. 5312 Harrison Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Emerick

6-DATE OF BIRTH (month, day and year) Dec. 24 1865

7-AGE, 59 yrs. 0 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bookkeeper

(b) General nature of Industry, business, or establishment in which employed (or employer) Parke Hurst & Stout

(c) Name of employer Balto Md

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md.

14- (Informant) Mr Albert L. Emerick Sr. (Address) 5312 Harrison Ave

15- Robert P. Harrison, Registrar.

Filed 1 1925 192 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 19 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1924 to Jan 19 1925 that I last saw h alive on Jan 19 1925 and that death occurred, on the date stated above, at 10.20 P m. The CAUSE OF DEATH* was as follows:

Chr. nephritis

(Duration) 3 yrs. mos. ds

CONTRIBUTORY (Secondary) Myocardial insuff.

(Duration) yrs. 2 mos. ds

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Homer L. Dodd M. D

1/21 1925 (Address) 135 N Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL, Jan 22 1925

20-UNDERTAKER Wm Tuckner Sons ADDRESS North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94352

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4 E. 26th St., 17-3 Ward) 100

Registered No.

2-FULL NAME Betty Hamilton Fallowfield

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 4 E 26th St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Mar. 29 1922

7-AGE. 2 yrs. 9 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, J. Paul Fallowfield

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Barclay Md.

12-MAIDEN NAME OF MOTHER, Mildred Hamilton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md.

14-

(Informant) Mrs. J. Paul Fallowfield

(Address) 4 E. 26th St

15-

Filed ... 19... Robert P. Harrison, Registrar.

JAN 21 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 20 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1925 to Jan 20 1925

that I last saw h.. alive on Jan 20 1925

and that death occurred, on the date stated above, at 11 15 a. m.

The CAUSE OF DEATH* was as follows:

Primary Broncho-pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Homer C. Todd M. D.

1/21, 1925 (Address) 735 N. Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cem — DATE OF BURIAL. Jan 22 1925

20-UNDERTAKER. Wm. J. Fickler Son — ADDRESS Monkton Md

Spec.—1-10-21—M&T—1500 Blks.

D 94353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94353

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 S. Paca ST., 21-3 WARD)

2-FULL NAME Arrianna Joyce

(a) RESIDENCE No. 922 S. Paca ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Joyce

6 DATE OF BIRTH (month, day, and year): July 29-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Josiah Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Walter F. Joyce

(Address) 1116 Fidelity Bldg

15 Filed Jan 21 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 19 25. to Jan 21, 19 25.

that I last saw her alive on Jan 20, 19 25

and that death occurred, on the date stated above, at 3.15 P.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. 4 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stanley Boyd M. D.

, 19 (Address) 602 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 1-23- 19 25

20 UNDERTAKER: Wm. J. Tickner & Son

ADDRESS: 34th & Wolfe sts

Spec.—1-10-21—M&T—1500 Blks.

D 94354

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94354

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. V-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Sebastian Mosher

(a) RESIDENCE NO. Mercy Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 065

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Hospital Records
(Address)

15 FILED 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/20/25

17

I HEREBY CERTIFY, That I attended deceased from 1/13/25, 19..., to 1/20/25, 19...

that I last saw h[illegible] alive on 1/20/25, 19...

and that death occurred, on the date stated above, at 7.22 P.M.

The CAUSE OF DEATH* was as follows:

Metast Stenosis of Oesophagus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Golley, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt St Agnes Convent Cem 1/22/25

20 UNDERTAKER Mt Warthyear Henry W. Jenkins & Sons Co ADDRESS Orchard & McCulloh

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94355

D 94355

CERTIFICATE OF DEATH.

9-1 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 E. 35th ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Mulkern

(a) RESIDENCE NO. 648 E 35th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct 15th 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John Mulkern

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Josephine Beitler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant: Mrs Josephine Mulkern

(Address): 648 E 35th St

15 Filed . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 19th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6th, 1924, to Jan. 19, 1925, that I last saw her alive on Jan. 19, 1925, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas. O. Mer M. D.

1/27/25 (Address) 408 S. Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 1-22 1925

20 UNDERTAKER: J. A. Moran

ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

D 94356

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94356

101-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 219 S. Chester ST., 1-1 WARD)

2-FULL NAME Elizabeth Keenan

(a) RESIDENCE NO. 219 S. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jeremiah Keenan

6 DATE OF BIRTH (month, day, and year) Sept 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	72	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Frank Hrahley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margt Begley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss K. Keenan

(Address) 219 S. Chester St

15 Filed Jan 21 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 18, 1925, that I last saw h[illegible] alive on Jan 15, 1925, and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Sig

(Signed) Alanson A. Bracken M. D.

1925 (Address) 232 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 1-22-1925

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E Baltimore

94357

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94357

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1517 Mt. Royal Ave St. 14-31 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Wilson

(Residence in Baltimore: No. 1517 Mt. Royal Ave., St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

6-DATE OF BIRTH, about 1875
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
50 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (retired) 68
(b) General nature of industry, business, or establishment in which employed (or employer) (Doctor's Teacher)

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Joseph E. Wilson

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary A. Berry

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Josephine E. Wilson

(Address) 1517 Mt. Royal Ave.

15-

Filed JAN 21 1925, 192.

Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20, 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Bronchial Asthma 2 days

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hemorrhage

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

Jan. 21, 1925 (Address) 2 E. Franklin

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	Jan 24 1925

20-UNDERTAKER,	ADDRESS
Martin Fahey Son	1827 W North Ave

SAFETY FILM

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 94358

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94358

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 W. Lexington ST.: 20-3 WARD) REGISTERED No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Thomas Bridges

(a) RESIDENCE. NO. 2109 W. Lexington ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May Edmund Bridges

6 DATE OF BIRTH (month, day, and year) Sept 15-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United R R Co.

9 BIRTHPLACE (city or town) (State or country) Boyman Md.

PARENTS

10 NAME OF FATHER Thomas F. Bridges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boyman Md

12 MAIDEN NAME OF MOTHER Edwards E. Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boyman Md

14 Informant Mary E. Bridges
(Address) 2109 W Lexington

15 Filed 1925 Robert P. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21/25 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 19 24, to 1/21/25, 19 ....

that I last saw h.... alive on 1/20/25, 19 ....

and that death occurred, on the date stated above, at 5.35 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John Hauff, M. D.

, 19 (Address) 1443 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Michaels, Talbot Co. Md	Jan 23 1925

20 UNDERTAKER Wilbur W. Shivers

ADDRESS 1018 Edmondson Av

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94359 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94359

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 Kenwood ave St., Roxbury 26 Ward) Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida H. Parsons

(a) Residence No. 5 Kenwood ave St., Roxbury Ward 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bert L. Parsons

6-DATE OF BIRTH (month, day and year) Sept 28th 1874

7-AGE, 30 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Horace Wood

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER, Emma Harper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), St Marys Co Md

14- (Informant) Bert L. Parsons

(Address) No 5 Kenwood ave Roxbury

15- Filed 1925 1925 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 20th 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1921 to Jan 20, 1925

that I last saw h[illegible] alive on Jan 19, 1925

and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. Wilkinson, M. D.

1-20, 1925 (Address) Roxbury Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL, Jan. 25 1925

20-UNDERTAKER George Schilling & Sons ADDRESS 1126 E Monument St

BURIAL PERMIT ISSUED

Spec–12-23-21–E.B.R.S.–400 Blks.

D 94360

HEALTH DEPARTMENT—CITY OF BALTIMORE

143-001
D 94360

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary 8-3 Registered No.....

City of BALTIMORE: (No. Broadway and Lanvale St., the Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Carrie Dare

(a) Residence No. 1332 N. Luzerne St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND ~~or WIFE~~ of J. Wallace Dare

6-DATE OF BIRTH (month, day and year) July 24, 1887

7-AGE. 37 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home
(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Andrew Weatherstone

11-BIRTHPLACE OF FATHER (city or town) ? (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Nellie Seabolt

13-BIRTHPLACE OF MOTHER (city or town) ? (State or Country), Maryland

14-
(Informant) J. Wallace Dare
(Address) 1332 N. Luzerne St.

15-
Filed Jan 21 1925 192
Robert P. Harrison
Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from January 16 1925 to January 20 1925 that I last saw h.. alive on January 20 1925 and that death occurred, on the date stated above, at 10.20 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Pregnancy - Abortion (over)

(Duration) ....yrs. 6 mos. ....ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) John E Norment M. D

. 19 (Address) Church Home and Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Co. — DATE OF BURIAL. January 22 1925

20-UNDERTAKER, William N. Valentine — ADDRESS 2226 Alfred

Cor.—1-12-23—M&T—100 Bks.

D 94361

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94361

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Young

(a) RESIDENCE NO. 1012 N. Arlington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Estep

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J. Pratt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Viola Montgomery
(Address) 1012 N. Arlington Ave.

15 Filed 21 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Aortic Aneurism

(Autopsy at Hopkins Hospital)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. C. Whitehorn, M. D.
(Coroner.)

1-20-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	1/22 1925
20 UNDERTAKER	ADDRESS
Jas. M. Skinner	1625 E. Madison

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94362

CERTIFICATE OF DEATH.

185

D 94362

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 S. Luzerne ST., 1-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Ulrich

(a) RESIDENCE: No. 617 S. Luzerne ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barbara Ulrich

6 DATE OF BIRTH (month, day, and year) June 6. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena Rossmarkl
(Address) 2525 Fleet St

15 Filed ..... 192 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Fall.

Fracture of Neck

(duration) ..... yrs. Instant ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. E. Blanke M. D.

Jan 25 1925 (Coroner.) (Address) 1436 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 1/22 1925

20 UNDERTAKER J. M. Cook — ADDRESS 502 E Eutaw

Cor.—1-12-23—M&T—100 Blks.

D 94363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94363

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Frisby St ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Coomes

(a) RESIDENCE NO. 2621 Frisby St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis M.Coomes

6 DATE OF BIRTH (month, day, and year) OCT 1-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Cornelius Mahoney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Lewis M. Coomes. (Address) 2621 Frisby St

15 Filed ..... 192 Robert P. Harrison, Registrar

21 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Probably Valvular)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J S H Culbreth M D, M. D. (Coroner.)

1-21-25, 192 (Address) 503 E. NorthAve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2621 Frisby Street

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemtery

DATE OF BURIAL 1/23 1925

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr Mateel 1903 N. Gorth Ave

D 94364 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94364

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2130 W. North Ave St., 15-11 29 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lora McGall

(a) Residence No. 2130 West North Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of David McGall

6-DATE OF BIRTH (month, day and year) July 10, 1867

7-AGE. 57 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work Tailoress 069

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Isaac Hamburger

9-BIRTHPLACE (City or town) (State or Country) Balto, Md

PARENTS.

10-NAME OF FATHER David Karfkin

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Balto, Md

12-MAIDEN NAME OF MOTHER Lora Karfkin

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Balto, Md

14- (Informant) Louise Burke

(Address) 2130 W. North Ave

15- Filed JAN 21 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 20. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19 1925 to Jan 20 1925

That I last saw her alive on Jan. 20 1925

and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Metcalf M. D.

Jan. 21, 1925 (Address) 1903 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL, Jan. 22, 1925

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94365 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No 1135 Denver St. 21-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... mary E markell

(a) Residence No.... 1135 Denver ..... St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced } HUSBAND of (or) WIFE of William markell

6-DATE OF BIRTH (month, day and year) Aug 28 1890

7-AGE. 34 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... at Home

(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore md

PARENTS.

10-NAME OF FATHER. William Welsh

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore md

12-MAIDEN NAME OF MOTHER. Emma Simmons

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) W. Wm markell

(Address) 1135 Denver St

15- Filed Jan 21 1925, 19.. Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 20/25

17- I HEREBY CERTIFY, That I attended deceased from June 18/24 19.., to Jan 20/25 19.., that I last saw him alive on Jan 19/25 19.., and that death occurred, on the date stated above, at 4.40 P.M. The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) John B. Hobbs M. D.

Jan 21 1925 (Address) 23 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill DATE OF BURIAL. Jan 23 19 25

20-UNDERTAKER. William Cook ADDRESS 5026 E Nat'l Ave

Spec.—1-16-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94366

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Forrester ave ST., 27 WARD)

REGISTERED NO. 1159 D 94366

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Child of John & Bertha Bunting

(a) RESIDENCE NO. 201 Forrester ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18 1925

7 AGE Years Months Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Bunting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Bertha Bunting

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) John Bunting 201 Forrester ave

15 JAN 22 1925 MYRLE B. KRAUER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1925, to Jan 21 1925, that I last saw h alive on Jan 21 1925, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Twin Mal-formation

CONTRIBUTORY (Secondary) Convulsions (duration) yrs. mos. do.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. F. Campbell M. D.

(Address) 164 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pus Edwd's Chm — DATE OF BURIAL: Jan 22 1926

20 UNDERTAKER: U. H. Evans & Evans — ADDRESS: 35 E Fat ave

THIS IS very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94367

CERTIFICATE OF DEATH.

185 D 94367

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Penitentiary ST. 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Williams Patton alias Jno. Kelly

(Residence in Baltimore: No. Md. Penitentiary St.: yrs. 2 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH. Sept (Month) 18 (Day), 1893 (Year)

7-AGE, 31 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philada Pa

PARENTS.

10-NAME OF FATHER, Solomon Patton

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Alice Handy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Handy

(Address) Phila Pa

15- JAN 22 1925 Filed ..., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism
Accidentally fell from
window - Mr an effort
to escape

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) M. D. (Coroner)

Jan 23 1925 (Address) 1637 Woodley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence Lebanon Pa

19-PLACE OF BURIAL OR REMOVAL, Phila Pa — DATE OF BURIAL, Jan 22, 1925

20-UNDERTAKER John O. Mitchell — ADDRESS 1201 N Fayette St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94368

CERTIFICATE OF DEATH.

D 94368

1-PLACE OF DEATH Hebrew Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Monument ST., 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Fanny Salis

(a) RESIDENCE No. 212 S. ~~Eden~~ Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) —1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Abraham Salis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Salis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balt St

15 Filed JAN 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1925, to Jan 20, 1925.

that I last saw her alive on Jan 20, 1925.

and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows:

Myocardeal failure

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Braden Myers, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville [illegible] DATE OF BURIAL 1/22 1925

20 UNDERTAKER Jack Lewis 1439 E Balt St ADDRESS

Cor.—1-12-23—M&T—100 Bks.

D 94369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188 D 94369

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST. WARD 19)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj F. Johnson

(a) RESIDENCE NO 1419 W. Lexington ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 21st 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Phila - Pa
(State or country)

PARENTS

10 NAME OF FATHER Frederick Johnson

11 BIRTHPLACE OF FATHER (city or town) Phila, Pa
(State or country)

12 MAIDEN NAME OF MOTHER Isabel Mogster

13 BIRTHPLACE OF MOTHER (city or town) Phila Pa
(State or country)

14 Informant Marian Johnson
(Address) 1419 W. Lexington St

JAN 22 1925 Burial Permit Issued Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held the Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by the Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base Skull
Concussion Brain

(duration) 2 hrs 20 min mos ds

CONTRIBUTORY (Secondary) Auto accident

(duration) yrs. mns. ds.

(Signed) Thos. B. Horton, M. D.
(Coroner)

Jan 21st 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 22 1925
20 UNDERTAKER	ADDRESS
George J Smith	Hollins

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94370

CERTIFICATE OF DEATH.

7-2

90 D 94370

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 N. Castle ST., 7 WARD) REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Melchior

(a) RESIDENCE No. 518 N. Castle ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George N. F. Melchior

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas J. Dail

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nancy A. Travers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George N.F.Melchior
(Address) 518 N. Castle St.

15 Filed JAN 22 1925, 19... Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1924, to Jan 19 1925,
that I last saw h alive on Jan 19 1925,
and that death occurred, on the date stated above, at 10 m.
The CAUSE OF DEATH* was as follows:

Uterine Fibromyolomata

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

..., 19... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan. 22, 1925

20 UNDERTAKER: Wm. C. Black, — ADDRESS: 927 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94371

CERTIFICATE OF DEATH.

+100-0-01

D 94371 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5316 Dennore Ave (St.) 2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Bell.

(a) RESIDENCE No. 5316 Dennore Ave St. WARD Harford Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? 1 yrs. 2 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Infant.

3a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 10/1923.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2.	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Maryland.

PARENTS

10 NAME OF FATHER Walter H. Bell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Edna Foster.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Edna Bell. (Mother)

(Address) 5316 Dennore Ave

JAN 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925, to Jan 19, 1925, that I last saw him alive on Jan. 19, 1925, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Primary

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) H. Walton Foster, M. D.

, 19 (Address) 3101 Orkney Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mary Land Hampstead — DATE OF BURIAL 1/22 1925

20 UNDERTAKER Walter Davis — ADDRESS 330 Paine St.

Spec—12-23-21—E.B.R.S.—400 Blks.

Dr Travers 1500 Hollins St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94372

CERTIFICATE OF DEATH.

D 94372

1-PLACE OF DEATH

City of BALTIMORE: (No. 304 South Monroe St., 19-23 Ward)

Registered No.....

2-FULL NAME Milton R. Kuhn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 304 South Monroe St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, W

5-SINGLE, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Kuhn

6-DATE OF BIRTH (month, day and year) Sept 12, 1854

7-AGE, 70 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Self 885

(c) Name of employer.....

9-BIRTHPLACE (City or town) Balto. Md.
(State or Country)

PARENTS.

10-NAME OF FATHER Jonathon Kuhn

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country) Va

12-MAIDEN NAME OF MOTHER Sarah Bright

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country) Va

14- (Informant) John H. Kuhn

(Address) 1208 W. Lombard St

15- JAN 22 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 22. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1925 to Jan 21 1925

that I last saw him alive on Jan 21. 1925

and that death occurred, on the date stated above, at 1150 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edgar E. Travers M. D.

, 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet

DATE OF BURIAL, Jan 23 1925

20-UNDERTAKER. W. Cook

ADDRESS 502 E Fayette

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94373

CERTIFICATE OF DEATH.

D 94373

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 327 Pine Rent Ave St. Paul Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Alice Ann Dix

(a) Residence No. 327 Pine Rent Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Octavie

6-DATE OF BIRTH (month, day and year) Aug 24 1853

7-AGE, 71 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John W Knipfel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Jane Powley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mrs A R Demmel

(Address) 327 Pine Rent Ave

15- Filed ..... 19.. Registrar.

JAN 22 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 21 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 19 24, to Jan 21 19 25

that I last saw her alive on Jan 20 19 25

and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Lung

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) ?

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Xray

(Signed) Geo Pfeiffer M D, M. D.

1/21/25 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's Woodlawn — DATE OF BURIAL, Jan 23 1925

20-UNDERTAKER. Wm Cook — ADDRESS 502 E Eager

Spec.—1-10-21—M&T—1500 Bks.

D 94374

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001

D 94374

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hosp.

CITY OF BALTIMORE: (No. Madison & Linden St. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME H. Stanley Schoenewolf

(a) RESIDENCE NO. 3513 Newland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE~~ of Mrs Margaret Schoenewolf

6 DATE OF BIRTH (month, day, and year) Dec 7, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	26	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wholesale Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): 034

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER John Schoenewolf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER Henrietta Jakel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Stanley Schoenewolf

(Address): 3513 Newland Ave

15 Filed JAN 22 1925 ROBERT T. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1924, to Jan. 21, 1925, that I last saw him alive on Jan. 21, 1925 and that death occurred, on the date stated above, at 3:16 P.m.

The CAUSE OF DEATH was as follows:

Typhoid Fever

(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Jaundice

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins, M. D.

, 19 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 24 '25

20 UNDERTAKER: Chas. G. Black ADDRESS: 742 W. North Ave

FOR IS very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94375

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

16-6 89

D 94375

Registered No. C.....

City of BALTIMORE: (No. 1038 N. Stockton St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Macleall

(Residence in Baltimore: No. 1038 N. Stockton St.; 37 yrs., 10 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col	Married

6-DATE OF BIRTH. Mch 5 1857
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
37 yrs. 10 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Richard Macleall

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Sarah Francis

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Hall

(Address) 1038 N. Stockton

15- JAN 22 1925 CHARLES R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 19 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Inquest, autopsy or inquiry.) and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

angina pectoris

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.
(Coroner)

Jan 20 1925 (Address) 2802 Eastern Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Jan 22 25
20-UNDERTAKER.	ADDRESS
Sam'l M. Shane & Son	1400 Madison

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94376

CERTIFICATE OF DEATH.

179 D 94376

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph DiPasquale

(a) RESIDENCE NO. 306 N. Exeter t ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? LIFE yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of April 22-1921

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Barto. Pa
(State or country)

PARENTS

10 NAME OF FATHER Angelo DiPasquale

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Gaetana Aquelli

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Angelo DiPasquale
(Address) 306 N Exeter St.

15 JAN 22 1925 HELEN R. KRAUTER Registrar
(Burial Permit Clerk)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns over body-accidental
fell in tub of hot water
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)
1-21-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cemetery DATE OF BURIAL 1/22 1925

20 UNDERTAKER George J. Ruth ADDRESS 1735 Hanford Av

Spec.—1-10-21 M&T 1500 Bks.

94377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94377

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 N. Stockton ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda Garrett

(a) RESIDENCE No. 2320 Stockton ST., WARD,
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 19, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	1	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Stella Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Stella Brown
(Address) 2320 Stockton St

15 Filed JAN 22 1925, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1925, to Jan 21, 1925, that I last saw h[illegible] alive on Jan 20, 1925, and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

1/22, 1925 (Address) 928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	1/23/25
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1463 W Lanvale St

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94378

CERTIFICATE OF DEATH.

162 D 94378

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 9-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hill

(a) RESIDENCE NO. 113 N. East Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 7 25

7 AGE — Years | Months | Days: 2 | If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Charlie Hill

11 BIRTHPLACE OF FATHER (city or town) Finland
(State or country)

12 MAIDEN NAME OF MOTHER Edla Suominen

13 BIRTHPLACE OF MOTHER (city or town) Finland
(State or country)

14 Informant .....
(Address) .....

15 Filed JAN 22 1925, 19 ROBERT N. CARTER, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925, to Jan 19, 1925, that I last saw him alive on Jan 19, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Enlarged Thymus ?
Asphyxia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E L Stone, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: JAN 23 1925

20 UNDERTAKER Bur. Comm. Health.
Bur. Wm. A. Wardall

FILL IN ALL ITEMS. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—1-12-23—M&T—100 Blks.

D 94379 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94379

CERTIFICATE OF DEATH. X 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virgie Adele Davis

(a) RESIDENCE NO. 401 S. 4th St ST., WARD Avondale. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 3 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris E. Davis

6 DATE OF BIRTH (month, day, and year) Jan 24-1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Athome
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Avondale Md
(State or country)

PARENTS

10 NAME OF FATHER Harry Blumenstock

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Fannie E. Claybaugh

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Marris E. Davis
(Address) 401 S. 4Th St

15 JAN 22 1925 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

1-21-25. 192 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 24 1925

20 UNDERTAKER Wendell Offelson — ADDRESS 378 Penna

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94380

CERTIFICATE OF DEATH.

5-1 101-001

D 94380

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 427 Colvin St. ST.: 5-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Robinson

(a) RESIDENCE. No. 427 Colvin St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath City

PARENTS

10 NAME OF FATHER Joseph Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mollie Brockstaff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mollie Robinson
(Address) 427 Colvin St

15 Filed JAN 22 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 25. 1924. to Jan 20. 1925.
that I last saw her alive on Jan 19. 1925.
and that death occurred, on the date stated above, at 8.30 A.M.
The CAUSE OF DEATH* was as follows:

1 Mitral Insufficiency Lobar Pneumonia
Following La Grippe Bronchitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) La Grippe Bronchitis

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Gunsal, M. D.

Jan 21. 1925 (Address) 1717 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Jan 23 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1031 Orleans St

Burial Permit Issued

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

94381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 94381

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST. 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Henry Waldmann

(a) RESIDENCE NO. 1215 Main st Mt Winans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Clara D. Waldmann

6 DATE OF BIRTH (month, day, and year) Apr 23. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer of

(b) General nature of industry, business, or establishment in which employed (or employer) Concrete Blocks

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Waldmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Clara D. Waldmann

(Address) 1215 Main St.

JAN 22 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/18, 1925, to 1/21, 1925,

that I last saw h alive on 1/21, 1925,

and that death occurred, on the date stated above, at 4:35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clarence R. Monroe, M. D.

1/21, 1925 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	Jan 23, 1925.
20 UNDERTAKER	ADDRESS
Bier & Mrs John W Teufel & Son	801 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 94382

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94382

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. 24-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Hughes

(a) RESIDENCE No. 1501 Fort Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cleveland

PARENTS

10 NAME OF FATHER Thomas Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cleveland

12 MAIDEN NAME OF MOTHER Maggie McHoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cleveland.

14 Informant (Address) Bay View Hospital

Filed 22 1925 .19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925 to Jan 22, 1925

that I last saw him alive on Jan. 21, 1925

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Edema Arteriosclerosis + Chr. Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) N. Fedorovich, M. D.

(Address) Bay View Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Jan 26, 1925
20 UNDERTAKER	ADDRESS
Charles L. Sharma	1501 E. Fort Ave

Spec.—5-19-13—M. & T.—500 Blks.

D 94383

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

D 94383

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Hull ST. 24-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Conley

(Residence in Baltimore: No. 1119 Hull St. St.: 46 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, March 22, 1879
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (own) housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Green

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Conley

(Address) 1119 Hull St.

15-

Filed JAN 22 1925, 191

Robert P. Harrison,
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 20, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1925, to Jan 20 1925, that I saw her alive on Jan. 19 1925, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. 1 2 ds.

(Signed) E. E. Marr M. D.

1-24, 1925 (Address) 716 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan 23, 1925

20-UNDERTAKER Chas. L. Stevens ADDRESS 1501 E. Fort Ave.

Spec.—1-10-21—M&T—1500 Bks.

D 94384

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 98

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 22-1 WARD)

2-FULL NAME Marie E. Norton

(a) RESIDENCE NO. 914 S. Charles ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 5 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Aug. -1924

7 AGE — Years 5 Months 20 Days* If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Norman Norton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rose Bidaer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

Filed 1-22-1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925, to Jan 21, 1925, that I last saw her alive on Jan 21, 1925, and that death occurred, on the date stated above, at 1.35 a.m.

The CAUSE OF DEATH* was as follows:

Laryngospasm

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Rickets & Tetany

(duration) yrs. ? mos. ..... ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Electrical reactions

(Signed) Aug Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: 1/23 1925

20 UNDERTAKER: S. Reckowaed ADDRESS: 1340 S Charles St

Spec.—1-10-21—M&T—1500 Bks.

D 94385 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94385

1925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 15-649 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph F. Thalheimer

(a) RESIDENCE No. 3003 Kinsdale Ave ST., ... WARD .....
(Usual place of abode) WINDSOR AVE
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) ~~WIFE~~ of Katie Thalheimer

6 DATE OF BIRTH (month, day, and year) Nov 15 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jos. Thalheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Dill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed JAN 22 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1925 to Jan 21 1925.

that I last saw him alive on Jan 21 1925.

and that death occurred, on the date stated above, at 11:20 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
Pyonephrosis bilateral
Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia & Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. S. Leach M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 1/24 1925

20 UNDERTAKER Wm Cook — ADDRESS 501 North

THIS is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

D 94386

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94386

CERTIFICATE OF DEATH.

8-257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 E. Lanvale St ST., 8 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles C. Frederick

(a) RESIDENCE NO. 1509 E. Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Frederick

6 DATE OF BIRTH (month, day, and year) May 26-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 040
(b) General nature of industry, business, or establishment in which employed (or employer) City Laborer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas. C. Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Brewer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louise Frederick (Address) 1509 E. Lanvale St

15 Filed JAN 22 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes (duration) yrs. mos. ds.

(Signed) J. H. Collins, M. D. (Coroner.)

1-21-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 23 1925

20 UNDERTAKER Josiah Syfer — ADDRESS 1600 W. North ave

Spec—12-23-21—E.B.F.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94387

CERTIFICATE OF DEATH.

D 94387

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 228 Homewood Ave St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Gunn

(a) Residence No. 228 Homewood Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida Painter

6-DATE OF BIRTH (month, day and year) July 9 1837

7-AGE. 87 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumber Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 45 yrs

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Richmond Va

PARENTS:

10-NAME OF FATHER, James Gunn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER, Jenny Clark

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Richmond Va

14-

(Informant) C. LeRoy Gunn

(Address) 228 Homewood Ave

15-

Filed 22 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 22/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 20, 1924 to Jan 21, 1925 that I last saw h.. alive on Jan 21, 1925 and that death occurred, on the date stated above, at 6 54 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

& Chronic Myocarditis

2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart sounds

(Signed) W. Gibson Forster M. D.

Jan. 22, 1925 (Address) 422 Rotunda

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Richmond Va — DATE OF BURIAL, 1/22 1925

20-UNDERTAKER, Henry W Meaux Son — ADDRESS 805 N Calvert

Tel 4170

Spec. 1-10-21—M&T—1500 Bks.

(612 Mc Cabe Ave)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94388

D 94388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 27-9 WARD)

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peachy Kearn

(a) RESIDENCE NO. 612 Mc Cabe Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 16 - 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Edwin J. Kearn

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Ada Weaver

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Friends

(Address of JOHNS HOPKINS HOSPITAL)

15 Filed JAN 22 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925, to Jan 22, 1925, that I last saw him alive on Jan 22, 1925, and that death occurred, on the date stated above, at 1.25 a.m.

The CAUSE OF DEATH* was as follows:

Brain tumor (malignant)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Med —

Did an operation precede death? Yes Date of Jan 21 25

Was there an autopsy? No

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Firor, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hebron Cem Winchester Va. DATE OF BURIAL Jan 25 1925

20 UNDERTAKER John F. Howard & Son. Per F.J. Howard ADDRESS Gorsuch Ave

FROM Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

D 94389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5T Agnes Hosp ST., 75 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma O'Connor

(a) RESIDENCE NO. Maryland Ave + Woodward Drive ST., Balto Co WARD Essex Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married.

5a If married, widowed, or divorced (or) WIFE of Frank O'Connor.

6 DATE OF BIRTH (month, day, and year) May 8-1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER George Hospitaller Not known

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) " " Md.

12 MAIDEN NAME OF MOTHER Anna Wagner.

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) Germany.

14 Informant Frank O'Connor (Address) Maryland Ave Woodward Drive

15 FEB 22 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/15, 1925, to 1/20, 1925, that I last saw h alive on 1/20, 1925, and that death occurred, on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J V Shuren, M. D.

, 19 (Address) Hooper Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Jan. 24th 1925.

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

D 94390 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 13-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Daniel Ryan.

(a) RESIDENCE NO. 1328 Hollwood Ave ST. 13 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Ryan.

6 DATE OF BIRTH (month, day, and year) Jan. 11-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer) 057

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Ryan.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Daniel Ryan.
(Address) 1328 Hollwood Ave.

15 JAN 22 1925 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 8- 1925 to Jan 20 1925 that I last saw h[illegible] alive on Jan 20 1925 and that death occurred, on the date stated above, at 7.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Generalized Carcinomatosis.

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? yes Date of Jan 12-1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampstead) DATE OF BURIAL: Jan 23 1925

20 UNDERTAKER: Horace H. Burgee ADDRESS: 3631 Fallsld

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

D 94391 Joshua B. Davis

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94391

× 58-001

1-PLACE OF DEATH University Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 4 WARD)

2-FULL NAME Joshua B. Davis

(a) RESIDENCE NO. Ella Md ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Ella Davis

6 DATE OF BIRTH (month, day, and year): Feb 14, 1861

7 AGE — Years: 63 Months: 11 Days: 6 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 106

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joshua B. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sheda Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs. Ella Davis Elliott City Md

15 Jan 22 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20. 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to Jan 20, 1925,

that I last saw HIM alive on Jan 20, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos. Dixon Jr., M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Cem. DATE OF BURIAL: Jan 23, 1925

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City

TO BE VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

D 94392

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94392

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4504 St. George) ST., Ward 24

2-FULL NAME Mrs. Maggie Foster

(a) RESIDENCE No. 4504 St George ST., Ward 24

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number) Mechanicsville maryland

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Foster

6 DATE OF BIRTH (month, day, and year): Apr. 4th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Ministry

(c) Name of employer: St Mary's Co Md

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jacobs Forbes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rosie Forbes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Rosie Cole 1617 N. Calhoun

15 Filed JAN 22 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20th 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1924 to Jan 20th 1925.

that I last saw h alive on Jan 20th 1925

and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Terminal)

(duration) 2 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Alcoholism Chronic Cirrhosis

(duration) yrs. 21 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) John E. Bell, M. D.

, 19 (Address) 1224 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Co Md.	Jan 23 1925
20 UNDERTAKER: Mrs Jas. N Dennis Per. T. E. Kelson.	ADDRESS 1303 Freeman St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94393

HEALTH DEPARTMENT—CITY OF BALTIMORE

OK or Jones
Filed at home

CERTIFICATE OF DEATH. D 94393

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lovard & Greene ST., H-118 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Dilworth

(a) RESIDENCE No. Baldwin, Balto. Co. Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1849

7 AGE: Years 76; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant (Address) University Hospital Lombard & Green Sts.

15 Filed 22 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22, 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/7, 1924, to 1/22, 1925, that I last saw h[illegible] alive on Jan 22, 1925, and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Fractured neck of femur

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) R. D. Anderson M. D.

, 19 (Address) University Hospital Lombard & Greene Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fork, Md.

DATE OF BURIAL: Jan. 24, 1925

20 UNDERTAKER: John Arthur & Son

ADDRESS: Fork, Md.

FROM A VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94394

CERTIFICATE OF DEATH.

101-001

D 94394

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. Ellwood ave. ST., 1 WARD)

2-FULL NAME John Clark

(a) RESIDENCE NO. 815 S. Ellwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Anne Clark

6 DATE OF BIRTH (month, day, and year): June 24-1850

7 AGE — Years: 74 — Months: 7 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Jno Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs A E Clark

(Address) 815 S. Ellwood ave

15 Filed JAN 23 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 15, 1925, to Jany 21, 1925, that I last saw him alive on Jany 21, 1925, and that death occurred, on the date stated above, at 4P. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis.

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb V. Athey M. D.

(Address) 1025 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan 23 1925

20 UNDERTAKER: John A. Moran — ADDRESS 3000 E. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94395

CERTIFICATE OF DEATH.

D 94395

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Forrest ST., 5-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Randolph Thomas,

(a) RESIDENCE No. 337 Forrest St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Town not known.
(State or country) Virginia.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) - - - - -
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) - - - -
(State or country)

14 Informant Gertrude Moore.
(Address) 337 Forrest St.

15 Filed ....., 19 .....
Registrar

JAN 23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1925, to Jan. 20, 1925, that I last saw him alive on Jan. 19, 1925 and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Lobar-Pneumonia.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known.

Did an operation precede death? No. Date of --

Was there an autopsy? No.

What test confirmed diagnosis? Physical.

(Signed) Harry F. Brown, M. D.

, 19 (Address) 1501 Presstman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Laurel Cemetery Jan 24 1925

20 UNDERTAKER — ADDRESS

Mrs. Ida Snowden Ashland Ave 1925

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94396 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94396

CERTIFICATE OF DEATH

1-PLACE OF DEATH Bayview Hospital 76-100-001 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Smith

(a) RESIDENCE NO. Unknown ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do

14 Informant Bayview Hospital (Address)

15 Filed ..... 19 ..... Registrar

JAN 23 1925 MARY R. KRAUTER Public Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1924 to Jan 20, 1925

that I last saw h alive on Jan. 19, 1925

and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (terminal)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Status Epilepticus

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. E. Smith M. D.

1/23/1925 (Address) Bayview Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cem. DATE OF BURIAL 1/23 1925

20 UNDERTAKER Samuel T. Housley ADDRESS 1[illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94397

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94397

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Northway, Guilford St., 17-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Byrd

(a) RESIDENCE NO. 308 Northway Guilford ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula K Byrd

6 DATE OF BIRTH (month, day, and year) June 6 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	75	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

PARENTS

10 NAME OF FATHER Richard P. Byrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Nancy J. Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lula K. Byrd

(Address) 308 Northway Guilford

15 JAN 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22 1925

17

I HEREBY CERTIFY, That I attended deceased from ~~Jan~~ MARCH 1924, to JAN. 22, 1925.

that I last saw h[illegible] alive on JAN. 18, 1925.

and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

CARCINOMA OF STOMACH

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John L. Donsey, M. D.

, 19 (Address) 1129 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parksley Va Via Penn. R.R.	Jan 23 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.P.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94398
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

City of BALTIMORE: (No. 1718 N. Pulaski St. St., 15-12 Ward) Registered No. D 94398

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Mertel

(a) Residence No. 1718 N Pulaski St St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Esther Mertel

6-DATE OF BIRTH (month, day and year)

7-AGE 61 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-
(Informant) Jack Lewis
(Address) 1439 E Balto St

15-
Filed JAN 23 1925 19
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23 25

17- I HEREBY CERTIFY, That I attended deceased from May 5 19 24 to 1/23 19 25
that I last saw h alive on 1/22 19 25
and that death occurred, on the date stated above, at 6:30 a.m.
The CAUSE OF DEATH* was as follows:
Gastric Carcinoma.

(Duration) 1 yrs. — mos. — ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of @ 81 Ages,

Was there an autopsy? No

What test confirmed diagnosis? Consultation

(Signed) Dr Ironside M. D.

1/23, 19 25 (Address) 122 W Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Rest. Cem.	1-23, 19 25
20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 E Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

94399

D 94399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 18-1 Ward) 19 7

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Leona Lee Sewell

(Residence in Baltimore: No. 234 N. Poppleton St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	Mar'd

6-DATE OF BIRTH, Dec 27, 1895
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
30 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bath City

PARENTS.

10-NAME OF FATHER, John F. Sewell

11-BIRTHPLACE OF FATHER, (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER, Ella Bailey

13-BIRTHPLACE OF MOTHER, (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Sewell

(Address) 2341 Poppelton St

JAN 23 1925 Filed ..... 19 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound in abdomen

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Shot by her Husband

(Duration) yrs. mos. ds.

(Signed) W. K. Green M. D.
(Coroner.)

1-21 1925 (Address) 411 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Jan. 23, 1925
20-UNDERTAKER,	ADDRESS 322
Mrs [redacted] R. Williams	N. Howard St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94400

CERTIFICATE OF DEATH.

94-001

D 94400

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 S. Carey ST., 16-6 WARD)

2-FULL NAME. Julia M. Burns.

(a) RESIDENCE NO. 1110 S. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Widowed.

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of the late John Q. Burns.

6 DATE OF BIRTH (month, day, and year) Oct, 23, 1857.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	67,	2,	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home, ppd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Williams.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Susan Scarff.

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mrs. B. Finecey, (Daughter,
(Address) 1110 S. Carey St.

15 JAN 23 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21/ 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/20/, 1925, to 1-21, 1925.

that I last saw h alive on 1-21-, 1925.

and that death occurred, on the date stated above, at 9 00 m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Asthma + Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Howard Evans M. D.

, 19 (Address) 1217 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Baltimore Cemetery, Jan, 24, 1925. 19

20 UNDERTAKER — ADDRESS

A. Howard Evans 38 E. Fort Ave.,

IMPORTANT. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94401 HEALTH DEPARTMENT—CITY OF BALTIMORE 9-6188-003 D 94401

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 9-6 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James C. Culbertson

(a) RESIDENCE NO. 1814 Aisquith St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 16-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Trucker
(b) General nature of industry, business, or establishment in which employed (or employer) B.&O.R.R.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER ~~Kkkk~~ Culbertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Miss Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Ernst *. Vernay
(Address) 1814 Aisquith

15 JAN 23 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) jan 21-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-struck by Automobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. M. Waller, M. D.
(Coroner)

1-22-25, 192 (Address) 508 E. North Ave

*State (1) Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan. 23 1925

20 UNDERTAKER: Henry Storck Son — ADDRESS: 1301 E. Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94402

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94402

CERTIFICATE OF DEATH.

7-3

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2914 E. Monument St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Linzey

(a) Residence No. 2914 E. Monument St., ... Ward .....

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND ~~of (or)~~ WIFE of Mary E. Linzey

6-DATE OF BIRTH (month, day and year) Jan. 28 1889

7-AGE. 35 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Brass finisher 010

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. William H. Linzey

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Sarah Baker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md.

14-

(Informant) Mrs. Mary E. Linzey

(Address) 704 N. Montford Ave.

15-

JAN 23 1925 RUTH A. KRAUTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 22 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1925 to Jan 22 1925

that I last saw h[illegible] alive on Jan 21 1925

and that death occurred, on the date stated above, at 7.40 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Schmitt M. D

Jan 22 1925 (Address) 701 N. Linwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	Jan. 25 1925
20-UNDERTAKER. Henry Horch Son	ADDRESS. 1301 E. Eager St

Spec.—1-10-21—M&T—1500 Blks.

94403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Block ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Robinson

(a) RESIDENCE No. 1444 Block ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jenny Robinson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Tamer Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Jenny Robinson

(Address) 1454 Birch St

15 JAN 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 29, 1924, to Jan 21, 1925, that I last saw him alive on Jan 20, 1925 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage + Paralysis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. W. Walker, M. D.

, 19 (Address) 118 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	1-25 1925

20 UNDERTAKER John H. Trader ADDRESS 1027 Rund Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94404

CERTIFICATE OF DEATH.

63 14 D 94404

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Philadelphia Ave. ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marshall G. Harwetel

(a) RESIDENCE No. 2814 Philadelphia Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Harwetel

6 DATE OF BIRTH (month, day, and year) Sept. 20, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis Harwetel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Slemmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wm. Lewis Harwetel (Address) 2814 Philadelphia Ave.

15 Filed JAN 23 1925 Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1925, to Jan 21, 1925, that I last saw him alive on Jan 20, 1925, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Paralysis
Hemorrage of Brain

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) High Blood Pressure (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. A. Heaver M. D.

1/24 1925 Address 1901 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery,	Jan. 24, 1925

20 UNDERTAKER ADDRESS

Wm. C. Black, 927 N. Broadway

FROM BE VERY important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94405

CERTIFICATE OF DEATH.

D 94405

REGISTERED NO. 101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST.: 6-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gean Lang

(a) RESIDENCE. NO. 217 N. Lakewood Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 8, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Alfred A. Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Ernestine Jost

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Father (Alfred A. Lang.
(Address) 217 N. Lakewood Ave.

15 Filed JAN 23 1925 19 Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925, to Jan 22, 1925, that I last saw him alive on Jan 22, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Myron G. Tull, M. D.

1/23 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz Cemetery	1/24 1925
20 UNDERTAKER	ADDRESS
I. Frew McCully	130 E. Fort

Back of certificate. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94406 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94406

CERTIFICATE OF DEATH. Registered No. 20-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 2526 Boyd St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Schultheis

(a) Residence No. 2526 Boyd St., Ward, (If non-residents give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND Theodore Schultheis

6-DATE OF BIRTH (month, day and year) Dec 18 1855

7-AGE, 69 yrs. 1 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS:
10-NAME OF FATHER, John Haas
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany
12-MAIDEN NAME OF MOTHER, Unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Henry Schultheis
(Address) 2526 Boyd St

15- Filed JAN 23 1925 WM. F. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 22 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1925 to Jan 22 1925
that I last saw her alive on Jan 22 1925
and that death occurred, on the date stated above, at 5:20 a m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Edgar L Brandau M. D
, 19 (Address) 1500 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 26 1925

20-UNDERTAKER, F. D. Nippert — ADDRESS 1850 W. Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

D 94407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 D 94407

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 E. Eager St. ST. 11-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Owen Maynard Lockwood

(a) RESIDENCE NO. 8 E. Eager St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced,~~ (write the word)
M	Wh.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28th 1861

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
63	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER Wm. F. Lockwood

11 BIRTHPLACE OF FATHER (city or town) (State of country) Manchester, Vermont

12 MAIDEN NAME OF MOTHER Sally C. Flanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Culpepper Va.

14 Informant Wm F. Lockwood
(Address) 8 E. Eager St

15 Filed ..... 19 ..... Registrar

MAR 23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18 1924, to Jany 22 1925, that I last saw him alive on Jany 22 1925, and that death occurred, on the date stated above, at 7.20 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) Probably about 12 mos. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm F. Lockwood M. D.

(Address) 8 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Thomas Garrison Forest	Jan 24 1925

20 UNDERTAKER Henry H. Jenkins & Son Co

ADDRESS Orchard & Gilmor Sts

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94408

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Druid Hill Ave ST., 14-1 100 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Nelson

(a) RESIDENCE NO. age men + women's Home ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Talbot Co. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mary E. Coleman 1834 Druid Hill Ave

15 Filed JAN 23 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to Jan 22, 1925, that I last saw her alive on Jan 22, 1925, and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Wheatley M. D.

Jan 22 1925 (Address) 1330 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 1/23 1925

20 UNDERTAKER: Samuel J. Tinsley

ADDRESS 578 Saddler

FROM is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94409 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital Registered No. 29

City of BALTIMORE: (No. 33rd Calvert St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George H. McCuttin

(a) Residence No. 4904 Lillian Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McCuttin

6-DATE OF BIRTH (month, day and year) May 20-1861

7-AGE. 64 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer) Banking

(c) Name of employer Drovers & Mechanics Bank

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Wm L McCuttin

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Amanda McComas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Mary McCuttin

(Address) 4904 Lillian Ave

15- [illegible] ROBT. L. KRAUTER, Registrar.

JAN 23 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 21 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1925 to Jan 27 1925

that I last saw h[illegible] alive on Jan 21 19[illegible]

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) 8 mos. 6 ds

CONTRIBUTORY (Secondary) Chronic nephritis.

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Dig.

(Signed) A. Austin Pearre, M. D.

, 19 (Address) Univ Mem Hosp City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cem

DATE OF BURIAL. 1.24, 1925

20-UNDERTAKER George J Ruth

ADDRESS 1130 Harford Ave

Spec—12-23-2t—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94410

CERTIFICATE OF DEATH.

100-001

D 94410

1-PLACE OF DEATH Bay View Hospital

City of BALTIMORE: (No. Bay View Asylum St., No-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hartley

(a) Residence No. Bay View Asylum St., Ward

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Sarah Hartley

6-DATE OF BIRTH (month, day and year) 1854

7-AGE. 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Maryland

PARENTS

10-NAME OF FATHER, Wm B Hartley

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Mahala Scott

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) Hospital Records

(Address) Bay View Hospital

15- Dated ... 192...

JAN 23 19

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1925 to Jan 22 1925 that I last saw h... alive on Jan 22 1925 and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows:

Varicose Ulceration of left leg resulting in a diffuse cellulitis of entire Extremity

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (Duration) yrs. mos. 1 ½ ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No - refused

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab Tests

(Signed) Wm T. Champe Jr., M. D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Oak Lawn Cemetery	Jan 25, 1925
20-UNDERTAKER	ADDRESS
Thos C Miller & Son	2334 Jefferson St

Spec'l—6-9-19—H. P. Co.—1000 Bks.

D 94411

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94411

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rogers & Stuart Ave ST.) 27-1 (WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Dulse Johnson

(a) RESIDENCE. No. Rogers & Stewart Av ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John O Johnson

6 DATE OF BIRTH (month, day, and year) June 3- 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant W. Jones

(Address) 105 Wordsly St.

15 Filed 23 1925, 19 Robert F. Hartson,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1925, to Jan 23rd, 1925, that I last saw h.. alive on Jan 22nd, 1925, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Strangulated Umbilical Hernia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj O Williams, M. D.

Jan 23, 1925 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemt DATE OF BURIAL Jan 26 1925

20 UNDERTAKER Barnard, Inc ADDRESS 1728 W Baltimore St

Instructions on back of certificates. Very important. See instructions on back of certificates.

D 94412

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94412

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Kahl

(Residence in Baltimore: No. 2002 W. Lafayette ave St.; yrs. 53 mos. 9 ds. 23)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE. W.

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (Write the word.) M.

6-DATE OF BIRTH. Mar 29 (Month) (Day) 1871 (Year)

7-AGE. 53 yrs. 9 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work. Fireman
(b) General nature of industry, business, or establishment in which employed (or employer). Bethlehem Fdry.

9-BIRTHPLACE. (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Julius Kahl

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Pauline.

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Loudenslager

(Address) 2002 W. Lafayette ave

15-

Filed JAN 23 1925 192

Robert P. Harrison, Registrar.

~~Burial Permit Clerk~~

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) D. J. T. Hennessy M. D. (Coroner)

Jan 23 1925 (Address) 280 Cathedral

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.... yrs. .... mos. .... ds. In the State. .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park — DATE OF BURIAL. Jan 25 1925

20-UNDERTAKER. Wm Frank & Co — ADDRESS 1753 N. Eutaw St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94413

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94413

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 5721 York Road Govans 27-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Henry C Rye

(a) Residence No.... 5721 York Rd Govans St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary A Rye.

6-DATE OF BIRTH (month, day and year) Feb 16 1844

7-AGE, 80 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Cumberland.

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Cumberland

12-MAIDEN NAME OF MOTHER Susie Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Cumberland

14- (Informant) Mary A Rye

(Address) 5721 York Rd

15- Filed..... 193.... Registrar.

Robert P. Harrison

1-23 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 20th 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9. 1923, to Jan 20 1925, that I last saw him alive on Jan 20 1925, and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Arteio - Sclerosis (Senile)

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmhage

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H C Hess, M. D.

1-21, 1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetary

DATE OF BURIAL, Jan 24 1925

20-UNDERTAKER. Wm Cook.

ADDRESS 502 E Monument ave

Spec.—1-10-21—M&T—1500 Bks.

D 94414

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94414

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Harlem Ave ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. McDonnal

(a) RESIDENCE NO. 922 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney McDonnal

6 DATE OF BIRTH (month, day, and year) Mar 7, 1846

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work carpenter & builder

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City Harbor board

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) Balto Co (State or country) Md.

PARENTS

10 NAME OF FATHER Richard McDonnal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Sarah Gorsuch

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Sidney McDonald. (Address) 922 Harlem Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 7, 1924, to Jan 24, 1925, that I last saw him alive on Jan 24, 1925 and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis caused by prostatic enlargement & adminary calculi

(duration) about 10 yrs. mos ds.

CONTRIBUTORY (Secondary) uremic coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Nov 19/24

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Knipp, M. D.

1925 (Address) 1002 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudenne Cemetery	Jan 27 1925

20 UNDERTAKER J.M. Cook ADDRESS 502 S. North Ave.

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

D 94415

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94415

CERTIFICATE OF DEATH.

24-3 185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leopold Brown.

(a) RESIDENCE NO. 1424 Woodall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 19 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced, HUSBAND of Julia Brown.

6 DATE OF BIRTH (month, day, and year) July 15, 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	57	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Martin Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Augusta.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Adolph Brown.(son)
(Address) 1309 Cooksie St.

15 Filed Jan 23 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 21, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidental fall down a cellar stairs.

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary)

(duration) .... yrs. .... mos. .... ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

Jany. 22, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
Accident at 1424 Woodall St. Jan. 21, 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill. DATE OF BURIAL Jan 24 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

D 94416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94416

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Nash

(a) RESIDENCE NO. Albany, Ala. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28 1923

7 AGE: Years 1 Months 6 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —"—

(c) Name of employer: —"—

9 BIRTHPLACE (city or town) (State or country): Miss

PARENTS

10 NAME OF FATHER: Luther Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country): Miss

12 MAIDEN NAME OF MOTHER: Ruby Hinton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Miss

14 Informant: Records

(Address)

15 Robert P. Harrison, Registrar

JAN 23 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 19, 1925. to January 23, 1925.

that I last saw h alive on January 23, 1925.

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Intracranial Haemorrhage (Birth injury)

(duration) Life mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. E. Jacoboni, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Corinth Miss — DATE OF BURIAL: Jan 28 1925

20 UNDERTAKER: A. E. Hughes & V. Broadway — ADDRESS

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

D 94417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 D 94417

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N Bunktown St (WARD) 15-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard T Shelley

(a) RESIDENCE NO. 1704 N Bunktown St WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	16			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 066

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer Earl Gutman

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Howard T Shelley

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Mattie Buckingham

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Sarah Buchanan

(Address) 1704 N Bunktown

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

JAN 23 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1925 to Jan 21, 1925.

that I last saw h alive on Jan 21, 1925.

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J Erv Talbot M. D.

1925 (Address) 1302 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 24 1925

20 UNDERTAKER Martin Brady Sons

ADDRESS 1022 W North

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94418

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94418

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1817 Penrose Avenue St., 20-5th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora Walther

(a) Residence No. 1817 Penrose Ave. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles V. Walther

6-DATE OF BIRTH (month, day and year): June 25, 1847

7-AGE: 77 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): England

PARENTS.

10-NAME OF FATHER: Daniel Mullan

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Julia Berry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14- (Informant): Margaret Rolston

(Address): 1817 Penrose Avenue

15- Jan 23 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan. 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 21, 1924 to Jany 23, 1925 that I last saw h[er] alive on Jany 22, 1925 and that death occurred, on the date stated above, at 5.55 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 3 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.

1-23-19 25 (Address) 103 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Jan 26, 1925

20-UNDERTAKER: Joseph B. Cook ADDRESS: 1003 W. Fayette St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94419

D 94419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 909 University Parkway St., 13+90 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine A. Hulse

(a) Residence No. 909 University Parkway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 28,1850

7-AGE: 74 yrs. 5 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town). Lawrenceburg,
(State or Country). Indiana

PARENTS.

10-NAME OF FATHER, William Haubold

11-BIRTHPLACE OF FATHER (city or town). Lawrenceburg,
(State or Country). Indiana

12-MAIDEN NAME OF MOTHER, Margaret Smith

13-BIRTHPLACE OF MOTHER (city or town). Lawrenceburg,
(State or Country). Indiana

11- (Informant) Joe N. Hulse

(Address) 909 University Parkway

15- 23 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1925, to Jan. 23, 1925.

That I last saw h[illegible] alive on Jan. 22, 1925.

and that death occurred, on the date stated above, at 8.10 A.m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Cardio-sclerosis (senile)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Birmingham Ala

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical exam.

(Signed) Charles L. Taggart M. D.

1-23. 1925 (Address) 1015 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Birmingham Ala. DATE OF BURIAL. Jan. 24 1925

20-UNDERTAKER. Joseph L. Cook ADDRESS 1003 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

D 94420

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1821 W Lexington St ST., 70-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Camille Downey

(a) RESIDENCE No. 1821 W Lexington St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	59	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Seamstress 069

(c) Name of employer Goldsmith Stern

9 BIRTHPLACE (city or town) (State or country) Alexandria Va.

PARENTS

10 NAME OF FATHER Joseph Downey

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Johanna Donohue

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Stephen J. Neill

(Address) 192 Fulton Ave.

15 Filed ..., 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1924 to June 21 1925.

that I last saw her alive on June 20 1925.

and that death occurred, on the date stated above, at 6. a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma - ovary.
secondary. -

(duration) yrs. 5 mos. ? ds.

CONTRIBUTORY (Secondary) Cardiac arrhythmia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of - Dec. 1924

Was there an autopsy? No

What test confirmed diagnosis? Pathological

(Signed) E. V. Cavalaire M. D.

(Address) 24 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
~~Mt. Olivet~~ St Peters Cem.	Jan 24th 1926
20 UNDERTAKER	ADDRESS
Wm J Hollweg	22 W Baltimore St

...23 1925 Burial Permit Clerk.

...Adele F. Harrison,

...TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 94421 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94421

CERTIFICATE OF DEATH. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp ST., 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Niderman

(a) RESIDENCE NO. 2136 Boyd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Niderman

6 DATE OF BIRTH (month, day and year) September 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Records

(Address)

15 Filed JAN 23 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23rd 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/17, 1925, to 1/23, 1925,

that I last saw h.r alive on 1/23, 1925,

and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) yrs. 14 mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John T Shaw, M. D.

, 19 (Address) St Agnes Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westview Cemetery	Jan 26 1925
20 UNDERTAKER	ADDRESS 2224
Henry L Hartwell	W Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

D 94422

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94422

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Whatcoat ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Hamilton

(a) RESIDENCE No. 1106 Whatcoat ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Edward Gattling

6 DATE OF BIRTH (month, day, and year) Jan 13, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	17		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md.

PARENTS

10 NAME OF FATHER John Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Florence Thornton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt md,

14 Informant Florence Hamilton
(Address) 1106 Whatcoat St

15 JAN 24 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to Jan 21, 1925, that I last saw h[er] alive on Jan 21, 1925 and that death occurred, on the date stated above, at 13 0 P. m.

The CAUSE OF DEATH* was as follows:

Ia Grippe

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. X ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Welbourn Frey, M. D.

1-22, 1925 (Address) 1921 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	1-24, 1925
20 UNDERTAKER Lamb Easton	ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94423 X 101-9 D 94423

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Elizabeth Wilson.

(Residence in Baltimore: No. 329 Hyman Ave ; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Jan. (Month) 28th (Day), 1922 (Year)

7-AGE.	If LESS than 1 day,
2 yrs. 11 mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): X

9-BIRTHPLACE, (State or Country). New Jersey

PARENTS.

10-NAME OF FATHER. Gerald S. Wilson

11-BIRTHPLACE OF FATHER (State or Country). Canada

12-MAIDEN NAME OF MOTHER H. Gunther

13-BIRTHPLACE OF MOTHER (State or Country). not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Doris C. Wilson

(Address) 378 Beech Street Leonia N J

15- Filed 1925 Robert P. Harrison, 191..... Registrar.

241925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 23rd (Day), 1925. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1925 to Jan. 23rd 1925, that I saw her alive on Jan. 23rd 1925, and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows: Lobar pneumonia with empyema preceded four weeks by heavy cold or grippe.

(Duration) Pneumonia 1 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. H. Hoffman M. D.

1-23-, 1925 (Address) 3402 Walbrook Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Union Hill N. J.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Union Hill N. J.	1-24-, 1925.
20-UNDERTAKER Robert Brooks Eden	ADDRESS Eastern Ave

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94424

D 94424

CERTIFICATE OF DEATH.

101-6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Oakhill ave ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dunnigan

(Residence in Baltimore: No. 1913 Oakhill ave St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, Jan (Month) 1 (Day) 1853 (Year)

7-AGE 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: home duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, John Hinch

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Annie Pendergast

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lafferty

(Address) 1913 Oakhill ave

15-

Filed Jan 24 1925, 191 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 22 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1924, to Jany 22 1925, that I saw her alive on Jany 22 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Chas P Davis M. D.

Jany 24, 1925 (Address) 2108 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Jan 26 1925

20-UNDERTAKER, C. A. Friedfeld

ADDRESS 501 E Lexington St

Spec.—1-10-21—M&T—1500 Bks.

D 94425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94425

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 E. Chase St. ST., 10-2 WARD) REGISTERED No. 122-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph C. O'Connor.

(a) RESIDENCE No. 916 E. Chase St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie O' Connor

6 DATE OF BIRTH (month, day, and year) April 6th. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor and Builder.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Matthew O'Connor.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Jane Scales

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Jas. J. O'Connor, (Address) 916 E. Chase St.

15 Filed JAN 24 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22nd. 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Jan 22, 1925, that I last saw h[illegible] alive on Jan 22, 1925, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. P. Harrison, M. D.

1/23 1925 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. DATE OF BURIAL Jan 26-1925

20 UNDERTAKER Chas. Braun & Son ADDRESS 118 W. Mt. Royal Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

17D 94426 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94426

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 16-6 31

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Emminger

(a) RESIDENCE NO. 3734 Gough St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... Maryland
(State or country)

PARENTS

10 NAME OF FATHER Louis Emminger

11 BIRTHPLACE OF FATHER (city or town) ..... Md
(State or country)

12 MAIDEN NAME OF MOTHER Addie Wisner

13 BIRTHPLACE OF MOTHER (city or town) ..... Md
(State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL.
(Address)

15 1-24 1925 Robert P. Harrison, M.D.
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1925, to Jan 22, 1925, that I last saw him alive on Jan 22, 1925, and that death occurred, on the date stated above, at 11-0 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis
Generalized miliary Tuberculosis
(duration) yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis
(duration) yrs. 5 mos. ..... ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Ary Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Jan. 24 1925
20 UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94427

CERTIFICATE OF DEATH.

D 94427

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Division ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis J. Thomas

(a) RESIDENCE NO. 1218 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Thomas

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City
(State or country)

PARENTS

10 NAME OF FATHER Perry Brown

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Phillyan Johnson

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Thomas Lee McCann
(Address) 1218 Division St.

Filed Jan 24 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18th, 1925, to Jan. 21st, 1925, that I last saw her alive on Jan. 21st, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

19 (Address) 52 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 1/24 1925

20 UNDERTAKER Samuel J. Hemsley

ADDRESS 1178 N. Eutaw

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94428

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94428

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 12-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ford H. Walker Jr.

(a) Residence No. 545 Riverside Drive, New York St., N.Y. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 3. 1924

7-AGE. 1 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Orange N. J. (State or Country),

PARENTS.

10-NAME OF FATHER, Ford H Walker

11-BIRTHPLACE OF FATHER (city or town) Georgia (State or Country),

12-MAIDEN NAME OF MOTHER, Mariam Lee Stout.

13-BIRTHPLACE OF MOTHER (city or town) New Jersey (State or Country),

14-

(Informant) Ford H. Walker.

(Address) 545 Riverside Drive New York City

15-

Filed ..... 19.....

Robert E. Lazzeron
Registrar.

JAN 24 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-23-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 19 24 to Jan 23 19 25

that I last saw him alive on Jan 23 19 25

and that death occurred, on the date stated above, at 4.05 m.

The CAUSE OF DEATH* was as follows:

Generalized paralysis of insane (paresis)

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of 1-23-25

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) B Price M. D.

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Newark N J	Jan 24 1925
20-UNDERTAKER. Henry Jenkins Sons	ADDRESS Oakland & Baltimore Sts

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94429

D 94429

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 W Lexington ST., 18-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Hopkins

(a) RESIDENCE No. 1104 W Lexington ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Hopkins

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook 821
(b) General nature of industry, business, or establishment in which employed (or employer) Boarding
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carroll Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Bouze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Emma L. Hopkins
(Address) 1104 W Lexington St

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

JAN 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1924, to Jan 21, 1925, that I last saw him alive on Jan 21, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 9 ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard L. French, M. D.

Jan 22, 1925 (Address) 10 Hanover Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 25 1925

20 UNDERTAKER J. L. Brown & Son ADDRESS 1087 W Mulberry

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94430 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1024 N. Washington St., 7-2 Ward) Registered No. 31

2-FULL NAME. Rudolph F. Grill

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1024 N. Washington St., Ward

(Usual place of abode) abve (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND ~~of (or) WIFE~~ of Mrs Bertha L. Grill

6-DATE OF BIRTH (month, day and year) Sept. 25 1860

7-AGE. 63 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer 86

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER, Frank Grill.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Lay.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Bertha L. Grill

(Address) 1024 N. Washington St

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 19 24 to Jan 23 19 25

that I last saw h[illegible] alive on Jan 23 19 25 and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation 4 yrs

Acute Cardiac Dilatation 3 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Fred Reynolds M. D.

19 (Address) 1024 Washington St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Jan 26 1925

20-UNDERTAKER. Henry Hoerth Son

ADDRESS 1301 E Eager St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

D 94431

HEALTH DEPARTMENT—CITY OF BALTIMORE

-001

D 94431

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 404 Sanders ST., 24-1 74 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice V Lewis

(a) RESIDENCE NO. 404 Sanders ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A Lewis

6 DATE OF BIRTH (month, day, and year) Aug 6 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Peter Nevaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mr Edward A Lewis (Address) 404 Sanders St.

15 Filed . 19 Registrar

24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 . 19 24 . to Jan 23 . 19 25 .

that I last saw h alive on Jan 23 . 19 25 .

and that death occurred, on the date stated above, at 8 15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C F Mettle, M. D.

1/27 1925 (Address) 1279 Hilton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan 26 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Eutaw St

TION is very important. See instructions on back of certificates.

D 94432

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94432

CERTIFICATE OF DEATH.

Registered No. C 181

1-PLACE OF DEATH

City of BALTIMORE: (No. 2502 Ellamont Ave, St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Kane

(Residence in Baltimore: No. 2502 Ellamont Ave St.; yrs., 5 mos., 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	single

DATE OF BIRTH. Aug. 18, 1925 (Month) (Day) (Year)

7-AGE. yrs. 5 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. James Kane,

11-BIRTHPLACE OF FATHER. (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER. Lena Bentz

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Kane

(Address) 2502 Ellamont Ave,

15- Filed 2-4-1925 1925

Robert P. Harrison,
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by strangulation. Evidently aspirated milk from breast.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Jan. 23 1925 (Address) 2812 Ellamont Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem DATE OF BURIAL. Jan 24 1925

20-UNDERTAKER. F. R. Kramer & Son ADDRESS 703 Hanover

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94433

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94433

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1742 Darley Ave St., 8-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine L. Schmedes

(a) Residence No. 1742 Darley Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Adam Schmedes

6-DATE OF BIRTH (month, day and year) May 24 1897

7-AGE. 28 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin F. Quinn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Jane Young

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) Adam Schmedes.

(Address) 1742 Darley Ave

15-

Filed ..... 192... [illegible], Registrar.

1-24-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23 1925

17- I HEREBY CERTIFY, That I attended deceased from July, 19 24 to Jan. 23, 19 25

That I last saw h- alive on Jan 22, 19 25

and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac arteriosclerosis.

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C. V. Carbaberon M. D

1/23, 1925 (Address) 20 N Fulton Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral Cem	Jan 26, 1925
20-UNDERTAKER,	ADDRESS
Frank A. Fink	9158 Gay St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

(Donohue)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94434

44 D 94434

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 W Pratt ST., 7 | 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A Donahue

(a) RESIDENCE NO. 767 W Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. J Donahue

6 DATE OF BIRTH (month, day, and year) July 13 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER John Dunphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Charles Wright 76 Pratt St.

15 Filed 1 24 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1924, to Jan 28, 1925, that I last saw her alive on Jan 20, 1925, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Weld in Stomach

(Signed) V Ken Williams, M. D.

, 19 (Address) 61 Caldwell Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 1/26 1925

20 UNDERTAKER Clarence A Tremplus — ADDRESS Mt Vernon

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rls.

(Nixon)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94435

CERTIFICATE OF DEATH.

40

D 94435

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Nixon

(a) RESIDENCE No. 433 N Gilmor st. 433 - Baltimore WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. - mos. 14 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5th 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alfred Nixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Martha J. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ernestine Nixon (Address) 433 N. Gilmor

15 Filed 1-24 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 8, 1926, to Jan 22, 1926, that I last saw her alive on Jan 22 - 3 Pm, 1926, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Tubo ovarian abscess - Fibroid of uterus

(duration) yrs. 4 mos 10 ds.

CONTRIBUTORY (Secondary) - myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? University Hospital

Did an operation precede death? yes Date of Jan 18 - and 21 Repeated

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Williams Walker, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Jan 25 1926

20 UNDERTAKER Wm. H. Glover & Son

ADDRESS Baltimore

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94436

CERTIFICATE OF DEATH.

100-00 D 94436

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST.; 7-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Watson

(a) RESIDENCE. No. 2923 Mc Elderry St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 26, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Watson

11 BIRTHPLACE OF FATHER (city or town) New York City (State or country)

12 MAIDEN NAME OF MOTHER Emma Raether

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Mother
(Address)

15 Filed JAN 24 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to Jan 22, 1925, that I last saw h in alive on Jan 22, 1925, and that death occurred, on the date stated above, at 11.45 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Myron E. Tull, M. D.

1/23 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Evangelical Cemetery	Jan 26 1925
20 UNDERTAKER	**ADDRESS**
H. Sander Sons	1710 Park

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-007 D 94437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N. Carey ST., 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura E Johnson

(a) RESIDENCE NO. 1844 Lorman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Phillip Johnson

6 DATE OF BIRTH (month, day, and year): Sept, 1863

7 AGE: Years 61 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Jane Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Julia Wrenn 1718 N. Carey St

15 24 1925, 19 Registrar: Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1925, to Jan 24 1925, that I last saw him alive on Jan 20 1925, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Senile Dementia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 1844 Lorman St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Ellis, M. D.

1925 (Address) 824 Woodbourne

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Jan 24 1925

20 UNDERTAKER: Mrs Jas. H. Dennis

ADDRESS: 1803 Freestman St

Asst of E. Nelson

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94438

CERTIFICATE OF DEATH.

3093 94438

1-PLACE OF DEATH 806 Gilmore Street

CITY OF BALTIMORE: (No. 806 N. Gilmor ST. 16 WARD) 36

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Watkins

(a) RESIDENCE NO. 806 Gilmore St ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 9th 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
?	4	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Charles Watkins
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Emmette Banks
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14
Informant .....
(Address) .....

Filed 1-24 1925 Robert T. Morrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22 1925

17
I HEREBY CERTIFY, That I attended deceased from August, 1924, to January, 1925, that I last saw him alive on about December, 1924, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hæmatoporphyrinuric polyneuritis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) Ag Jacobson M. D.

2-3 1925 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Jan 24 1925

20 UNDERTAKER Chas. H. Chesshire — ADDRESS Pres. Madison

TION is very important. See instructions on back of certificates.

D 94439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 94439

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colored Hospital St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antone Pendennis

(Residence in Baltimore: No. 809 Edmondson Av St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. About (Month) (Day) 1901 (Year)

7-AGE. 24 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): C. M. Hospital

9-BIRTHPLACE, (State or Country): Bombay, India

PARENTS.
10-NAME OF FATHER.
11-BIRTHPLACE OF FATHER, (State or Country).
12-MAIDEN NAME OF MOTHER.
13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sidney Maddal

(Address) 809 Edmondson Ave

15- Robert P. Harrison

FILED JAN 24 1925 Register.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 21 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis and general sepsis (Stab wound in abdomen) (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Homicide (pocket knife) (Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Jan. 23 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Star Cemetery	Jan. 24, 1925
20-UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	322 W. Saratoga St.

Is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94440 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94440

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 3209 N. Charles St., 17-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Garafilia C. Lyon

(a) Residence No. 3209 N. Charles St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of William Latimer Lyon

6-DATE OF BIRTH (month, day and year) March 23, 1836

7-AGE, 88 yrs. 8 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Berryman

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Deborah Choat

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

11- (Informant) Edgar Lyon
(Address) 35th. & St. Paul Sts.

15- Filed ..., 192 Robert F. Harrison, Registrar.

JAN 24 1925 Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/22/25

17- I HEREBY CERTIFY, That I attended deceased from 1/13, 1925, to 1/22, 1925, that I last saw h. alive on 1/22, 1925, and that death occurred, on the date stated above, at 4:30 A.m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Myocardial Weak

(Duration) ... yrs. ... mos. 1/2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. B. Ghiselin M. D.

1/23, 1925 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Green Mount Cemetery	1/24, 1925

20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94441

CERTIFICATE OF DEATH.

74-09 D 94441

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Calhoun St.; 16 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E Mackin

(Residence in Baltimore: No. 709 N Calhoun St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 3 (Month) (Day), 1821 (Year)

7-AGE. 53 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Express
(b) General nature of industry, business, or establishment in which employed (or employer): Express Bus

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Chas Henry Mackin

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Susan Bannon

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Mackin

(Address) 709 N Calhoun St

15-

Filed....., 191....

Registrar.

N 24 1025

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23 (Month) (Day), 1875 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1875, to July 23 1875, that I saw him alive on July 23 1875, and that death occurred, on the date stated above, at 10 50 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 hour ds.

(Signed) Chas K Davis M. D.

July 23, 1875 (Address) 208 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL. July 26, 1875

20-UNDERTAKER H E Hughes

ADDRESS 429 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

D 94442

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO. 129

CITY OF BALTIMORE: (No. Madison St. & 26-28 St., 7-0 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Steiger

(a) RESIDENCE No. 4906 Lillian Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. L. Steiger

6 DATE OF BIRTH (month, day, and year) July 22-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER (Unknown)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Lucy Conradt

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Ezra B. Steiger
(Address) 4906 Lillian Ave

15 Jan 24 1925 Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to Jan 23, 1925, that I last saw her alive on Jan 22, 1925, and that death occurred, on the date stated above, at 2:25 P m

The CAUSE OF DEATH* was as follows:

Streptococcus infection of throat

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis & Arteriosclerosis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Foard, M. D.

19 (Address) 1701 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park —	Jan. 26 1925

20 UNDERTAKER Wm. J. Ecker & Son ADDRESS N. Y. Pa

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rbs.

D 94443 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S Marine Hospital No 1. Baltimore Md

CITY OF BALTIMORE: (No. ..... ST., 12-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Lane

(a) RESIDENCE NO. U.S Marine Hospital ST., ... WARD .....
(Usual place of abode) Baltimore Md
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? —yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Un known

6 DATE OF BIRTH (month, day, and year) Un known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 186

(b) General nature of industry, business, or establishment in which employed (or employer) Deck Engineer

(c) Name of employer U.S Weak Katan

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Un known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Un known

12 MAIDEN NAME OF MOTHER Un known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Un known

14 Informant Self
(Address)

FILED 24 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Jan. 21, 1925, that I last saw him alive on Jan 21, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pancreatic Cyst

(duration) - yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Septicemia.

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death? Aboard Ship

Did an operation precede death? Yes Date of Dec 16, 1924

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings & Laboratory tests

(Signed) D J Prather M. D.

1/22, 1925 (Address) U.S Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL 1/24, 25

20 UNDERTAKER Sol-Levinson Bro — ADDRESS 114 E Belt st

CAUSE OF DEATH in plain terms. No abbreviations or symbols may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94444 D 94444

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 W. Saratoga ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Wilson

(a) RESIDENCE No. 1039 W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wilson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Louis Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Annie Wilson
(Address) 1039 W. Saratoga St

15 Jan 24 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22nd 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Foster, Coroner, M. D.

Jan 23rd 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for directions.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Arlington Cemetery — DATE OF BURIAL Jan 26 1925

20 UNDERTAKER Eugene Water — ADDRESS 476 W. Pratt

Spec.—1-10-21—MAT—1500 Bks.

177081

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94445

CERTIFICATE OF DEATH.

7 38 V D 94445

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Stephan Brown

(a) RESIDENCE No. 6 Thurston Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. Boston mos. Mass ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Stephan Brown (dead)

6 DATE OF BIRTH (month, day, and year) Dont Know

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer P.R.R Railroad

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) Denmark (State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Denmark (State or country)

14 Informant P. Rhoads

(Address) JOHNS HOPKINS HOSPITAL

15 JAN 25 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 13 1924 to Jan 24 1925

that I last saw him alive on Jan 24 1925

and that death occurred, on the date stated above, at 3 45 a m.

The CAUSE OF DEATH* was as follows:

Rupture aneurysm

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? J.H.H.?

Did an operation precede death? Yes Date of Jan 3

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) James Arthur Wearing M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boston Mass

DATE OF BURIAL Jan 27 1925

20 UNDERTAKER John Lucas

ADDRESS 208 Orleans

TION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Blks.

17523 94446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL

X 154 D 94446

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Horace Mould Jr.

(a) RESIDENCE NO. Hanover Pa ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months 2 1/2 — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER Horace Mould

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER Blanche ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Records (Address) .....

15 JAN 25, 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1925, to Jan 24, 1925, that I last saw him alive on Jan 24, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus - obstructive

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pa

Did an operation precede death? No Date of Jan 24 '25

Was there an autopsy? Yes

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Firor, M. D.

1/24, 1925 (Address) Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hanover Pa.

DATE OF BURIAL: Jan 26 1925

20 UNDERTAKER: W. G. Fenno

ADDRESS: Hanover Pa

CAUSE OF DEATH MAY BE PROPERLY EXAMINED. Fact Statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94447

CERTIFICATE OF DEATH.

14-2 X 40

D 94447

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE; (No. 738 Lewis Av. St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Saunders

(Residence in Baltimore: No. 738 George St St.; yrs., mos. 8 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) 24 (Day) 1908 (Year)

7-AGE, 17 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Chester, Q A Co Md

PARENTS.

10-NAME OF FATHER, Curtis Saunders

11-BIRTHPLACE OF FATHER (State or Country), Chester Q A Co Md.

12-MAIDEN NAME OF MOTHER Susanna

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Curtis Saunders

(Address) 738 George St

15-

Filed ....., 191.....

Registrar.

JAN 25 1925 [illegible] KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 24, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1925, to Jan 24 1925, that I saw her alive on Jan 23 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Nephritis

..... (Duration) ..... yrs. ..... mos. 5 da.

CONTRIBUTORY (Secondary) Stomach trea

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... M. D.

Jan 24 1925 (Address) 1250 N Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rest Island Chesapeake Md

DATE OF BURIAL, 1 - 27 - 1925

20-UNDERTAKER Denis Eagan

ADDRESS 916 Race

Important. See instructions on back of certificate.

D 94448

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94448

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 8-3 Ward) 186-001

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Price

(Residence in Baltimore: No. 835 Hollins St.; (yrs. 10 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	W	Single

6-DATE OF BIRTH. March 1 1900
(Month) (Day) (Year)

7-AGE. 24 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer). P R R

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. George Price

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary Tanney

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Bonifacius E Price

(Address) 835 Hollins St

15- Filed JAN 25 1925 192.... CHAS. S. KRAMER, Registrar.

Bureau of Vital Statistics

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 22 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, au (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Both Legs amputated Accidentally
struck by car Penna R.R.
near Baltimore Centre
Hemorrhage (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

Jan 23 192 5 (Address) 1600 Druid

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn

DATE OF BURIAL. Jan 27 192 5

20-UNDERTAKER. J. W. Cook

ADDRESS 502 E. Pratt Ave

Is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

94449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94449

1-PLACE OF DEATH Church Home and Infirmary 27-7-12

City of BALTIMORE: (No. Broadway and Fairmount Ave St., Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. John Goth (Alice C. Goth)

(a) Residence No. 5710 Bellona Ave - Evans St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE John N. Goth

6-DATE OF BIRTH (month, day and year) Sept 9. 1881

7-AGE. 113 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). New York

PARENTS

10-NAME OF FATHER. Welcher Haynes

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Mrs Goth

(Address) 5710 Bellona Ave

15- JAN 25 1925 ELLIS R. VRANER, Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 24 1925

17- I HEREBY CERTIFY, That I attended deceased from January 1st 1925 to January 24 1925 that I last saw h.e alive on January 24 1925 and that death occurred, on the date stated above, at 5:28 P.M.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

Cholecystitis

(Duration) 12 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pancreatitis Acute Fat Operation

(Duration) yrs. mos. 21 ds.

18-Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Jan 3, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Gross Pathological Exam.

(Signed) C. W. Bowers M. D

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL. Jan 26 1925

20-UNDERTAKER. W. H. Cook — ADDRESS 512 E Monument

Spec.—1-10-21 M&T 1500 Blks.

D 94450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94450

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital WARD)

2-FULL NAME Delmer Gunther

(a) RESIDENCE NO. 38 W. Hamilton St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): March 13, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): School boy

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: J. Claridge Gontrum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Falls. Md

12 MAIDEN NAME OF MOTHER: Mary G. Christopher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital Record

(Address)

15 Filed ..... 19 ..... Registrar

JAN 25 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/26/25

17 I HEREBY CERTIFY, That I attended deceased from 1/16/25, 19..... to 1/26/25, 19..... that I last saw h— alive on 1/24/25, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Appendicitis

Peritonitis - Pneumonia Broncho

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? after leaving

Did an operation precede death? Yes Date of 1/16/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Gross

(Signed) R. W. Dolley, M. D.

(Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	1/26 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E Hoff

CAUSE OF DEATH IS very important. See instructions on back of certificates. Before statement of OCCUPATION is filled in, be sure that it may be properly classified.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94451

CERTIFICATE OF DEATH.

100-001 D 94451

1-PLACE OF DEATH

City of BALTIMORE: (No. 820 N. Howard St., 11-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Wader

(a) Residence No. 820 N. Howard St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Wh.

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 4 1878

7-AGE. 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (City or Town) (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER. Dutch Saxon

11-BIRTHPLACE OF FATHER (City or town) Dutch or Country. Saxon

12-MAIDEN NAME OF MOTHER. Dutch Saxon

13-BIRTHPLACE OF MOTHER (City or town) (State or Country). Dutch Saxon

14-

(Informant). Flord. Reed

(Address). 506 Preston St

15-

Registrar.

JAN 25 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jany 23/25

17- I HEREBY CERTIFY, That I attended deceased from Jany 20 1925 to Jany 23 1925

that I last saw him alive on Jany 23 1925

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) Harry E. Wagner M. D.

1/23/1925 (Address) 106 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	1-26-1925
20-UNDERTAKER. Arnold Easton	ADDRESS 916 Gay

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94452

CERTIFICATE OF DEATH.

13 D 94452

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-1 ST. WARD)

2-FULL NAME Mamie Rosenberg

(a) RESIDENCE NO. 1416 E Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? 13 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Einbinder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Teresa Sisnatsk

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Russia

14 Informant Friends

(Address)

15 JAN 25 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to Jan 23, 1925, that I last saw her alive on Jan 23, 1925, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis - Post-operative (Operation = Ovarian cystectomy following twisted pedicle).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 10-25

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E. L. Stone, M. D.

Jan 25 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL Jan 26 1925

20 UNDERTAKER A. Filmson & Bro

ADDRESS 1127 E Balto st

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Wells

HEALTH DEPARTMENT—CITY OF BALTIMORE

4-001

D 94453

CERTIFICATE OF DEATH.

D 94453
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 788 Saratoga St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jas. Wells

(a) Residence No. 788 Saratoga St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Color

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of [illegible] WIFE of Bertha Wells

6-DATE OF BIRTH (month, day and year) Feb 27 69

7-AGE, 56 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General Office
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, Henry P. Wells

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

11-(Informant) Bertha Wells
(Address) 788 N. Saratoga St

JAN 25 1925 ROBERT S. KRAUTER, Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). January 22, 25

17- I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1924 to January 22, 1925, that I last saw him alive on January 22, 1925, and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Harold Wood M.D.

1/25, 1925 (Address) 1006 Edmonson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Lebanon Cem

DATE OF BURIAL, 1/25, 1925

20-UNDERTAKER. Samuel S. Frame

ADDRESS 578 N. Eutaw St

Cor.—1-12-23—M&T—100 Bks.

D 94454

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94454

CERTIFICATE OF DEATH.

6-1 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 McCubbin St ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Simmons

(a) RESIDENCE NO. 1716 McCubbin St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Simmons

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Eliza Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Irene Simmons
(Address) 1716 McCubbin St

15 Filed JAN 25 1925 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral "emorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) "Cerebral Syphillis"-
(Hopkins Hospital) (duration) yrs. mos. ds.

(Signed) J. H. Mollis, M. D.
(Coroner.)

1-24-25, 192 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbury cemetery — DATE OF BURIAL: Jan 24 1925

20 UNDERTAKER: Edward Bryson — ADDRESS: 1631 Orleans st

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94455

CERTIFICATE OF DEATH.

6-3 90

D 94455

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 115 N Port St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kakacek

(a) Residence No. 115 N Port St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Kakacek

6-DATE OF BIRTH (month, day and year): Not known

7-AGE: 64 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER: Joseph Pechacek

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Not known

14- (Informant): Mary Vesely

(Address): 115 N Port

15- JAN 25 1925 19.. ROBERT S. KRAUTER, Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH. 23

16-DATE OF DEATH (month, day and year): Jan 23/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 19 24 to Jan 23 19 25

that I last saw h.. alive on Jan 23 and that death occurred, on the date stated above, at 1.30 P. M.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

..... (Duration) ..... yrs. 4 mos. .....

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) ..... M. D.

1-25-25 19.. (Address) 1500 Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 26 19 25

UNDERTAKER: Frank Evocek — ADDRESS: 1906 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94456

CERTIFICATE OF DEATH.

1929

D 94456

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 338 S Fondlewood ST., 20-4 WARD)

2-FULL NAME Henry J. Gienger.

(a) RESIDENCE No. 338 S Fondlewood ST., WARD 19th

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Anthony Gienger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anselma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo. Knull (Address) 917 Park Blvd

15 Filed JAN 25 1925 Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Jan 23, 1925, that I last saw him alive on Jan 23, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert C Kibler, M. D.

Jan 23 1925 (Address) 215 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 26 1925

20 UNDERTAKER Knull & Son ADDRESS 172 W Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 94457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

101 D 94457

Registered No. C

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number (and fill out No. 18.)

2-FULL NAME Herman Valentine

(Residence in Baltimore: No. 1318 Argyle Ave. St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): widower

6-DATE OF BIRTH: About (Month) (Day) 1871 (Year)

7-AGE: 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or Country): N. C.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Perry

(Address) 701 N. Carey St.

15- Filed JAN 25 1925 19 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan. (Month) 23, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) J. T. Kennedy, M. D. (Coroner)

Jan. 27, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Edenton, N. C. DATE OF BURIAL: 1/26 1925

20-UNDERTAKER: Jas. R. Skinner ADDRESS 1625 E. Monument St.

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94458

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94458

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 212 E. Lafayette Ave St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John O. Jones.

(a) Residence No. 212 E. Lafayette Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Martha J. Rose

6-DATE OF BIRTH (month, day and year) Oct 17 1869

7-AGE. 55 yrs. mos. ds.

If LESS than 1 day, hrs. or mts.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Mechanical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Va

PARENTS.

10-NAME OF FATHER. Wm S Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER. Sarah E Hinks

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va

11- (Informant) Russell Jones

(Address) University apts

15- JAN 25 1925 192 ROBERT F. VRANITER Registrar.

Burial Permit Given

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 24 1925

17- I HEREBY CERTIFY, That I attended deceased from June 22 1925 to June 24 1925

that I last saw him alive on June 24 1925

and that death occurred, on the date stated above, at 1.00 P M.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia
of at least
7 or 8 days duration.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eearidge C. Price, M D

1-25, 1925 (Address) 1305 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cem

DATE OF BURIAL. June 26 1925

20-UNDERTAKER. John O. Mitchell

ADDRESS 1200 W Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

Wm J. Whittaker

94459

HEALTH DEPARTMENT—CITY OF BALTIMORE

94459

CERTIFICATE OF DEATH.

114

14-1

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 Argyle Ave St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm J. Whittaker

(a) Residence No. 1412 Argyle Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anderson

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE 78 yrs. mos. ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) (00)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Isabella H. Whittaker

(Address) 1412 Argyle Ave.

15- Filed, 1925 PEARL M. KRAUTER, Registrar.

JAN 25 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 23/25.

17- I HEREBY CERTIFY, That I attended deceased from Jan 17th 1925 to Jan 23rd 1925 that I last saw h.m. alive on Jan 22nd 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Senility. Not able to take nourishment. Gen'l breakdown. Diarrhea. gradually weakening until he died.

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Charles H. Burbert, M. D

Jan 24 1925 (Address) 1100 W Lafayette Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Cemetery. DATE OF BURIAL. Jan 26. 1925

20-UNDERTAKER M. & C. Elliott ADDRESS 1725 Ashland Ave

Instructions on back of certificates.

See Correction on file March 6-1925 for H K Trench
Name

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94460

CERTIFICATE OF DEATH.

D 94460

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 733 W. Franklin St., 17-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Roberts

(Residence in Baltimore: No. 733 W. Franklin St. Yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	Col	Widow

6-DATE OF BIRTH. Don't Know (Month) ..... (Day) 1 (Year)

7-AGE.	If LESS than 1 day.
64 yrs. ..... mos. ..... ds.	..... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balt City

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Lindman

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Roberts

(Address) 733 W. Franklin

15- Filed JAN 25 1925 ROBERT R. KRAMER Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. Don't Kno mos. ..... ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H K Trench M. D. (Coroner)

1925 1925 (Address) 11 W. Saratoga St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. National Cemetery DATE OF BURIAL. Jan 26 1925

20-UNDERTAKER. J Mack R. G. Elliott ADDRESS 1725 Oakland

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19-1 90

D 94461

1-PLACE OF DEATH Hebrew Incurable Home Registered No.....

City of BALTIMORE: (No. 2200 E. Baltimore St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Weisberg

(a) Residence No. 14 S. Gilmore St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Weisberg

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 87 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Mr. J. Friedlander

(Address) 14 S. Gilmore St.,

15- Filed JAN 25 1925 ROBERT F. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-25-25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1924 to Jan 25 1925.

That I last saw h.. alive on Jan 24 1925

and that death occurred, on the date stated above, at 8 15 A.M.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) arter. - sclerosis

(Duration) 15 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel Weisberg M. D.

, 19 (Address) 810 Eutaw Pl.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Filbert Wash. Road	1-25- 19 25
20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 E. Balto.

instructions on back of certificates.

Stec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94462

CERTIFICATE OF DEATH. 3-1 90

Registered No. D 94462

1-PLACE OF DEATH

City of BALTIMORE: (No. 206 S. Eden St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Reuman

(a) Residence No. 206 S. Eden St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 20 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of Isaac Reuman

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 71 — — ... yrs. ... mns. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jack Lewis

(Address) 1439 E. Baltimore St.

15- JAN 25 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1925 to Jan 23 1925

that I last saw h[illegible] alive on Jan 16 1925

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Duration) ... yrs. 1 mos. ... ds

CONTRIBUTORY (Secondary) Aortic + mitral Regurg. Unknown

(Duration) ... yrs. ... mos. ... ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) A. Fleischner, M. D.

Jan 24, 1925 (Address) 245 S. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Hebrew Rest	1-25 1925
20-UNDERTAKER,	ADDRESS
Jack Lewis	1439 E. Balto

Instructions on back of certificates.

Bureau of Vital Statistics

AFFIDAVIT

Spec.—6-9-19—H. P. Co.—1000 Bks.

Le Cuyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

94463

CERTIFICATE OF DEATH.

16 D 94463

1-PLACE OF DEATH Balto md

CITY OF BALTIMORE: (No. 626 N Fulton ave St. 16-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Le Cuyer

(a) RESIDENCE. No. 626 N Fulton Ave St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 23, 1925

7 AGE Years ... Months ... Days ... If LESS than 1 day, ... hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James A Lecuyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anne J White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant James A Lecuyer
(Address) 626 N. Fulton Ave

15 Filed JAN 25 1925 16 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1925

17 I HEREBY CERTIFY, That I attended deceased from 8 PM 1/23 1925, to 8 50 PM 1/23, 1925, that I last saw her alive on Jan 23, 1925, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prolapse of cord

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ernest S Eddlestein M. D.

1/23, 1925 (Address) 2348 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patricks Cem.	Jan 27 1925
20 UNDERTAKER	ADDRESS
Wendell Duffield Son	32 S Arnold

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

D

K O P A K S

Spec.—1-10-21—M&T—1500 Blks.

KLOETZLI ✓

D 94464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 94464

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 17-4 WARD

2-FULL NAME Frederick J. Kloetzli

(a) RESIDENCE No. 307 E. 28 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel J. Kloetzli

6 DATE OF BIRTH (month, day, and year) Aug 18-1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Chef 021

(c) Name of employer Emerson Hotel Baltimore Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Fred. Kloetzli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Louise Gudel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant Mercy Hospital

(Address)

15 JAN 25 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/25

17 I HEREBY CERTIFY, That I attended deceased from 1/22/25, 19..., to 1/25/25, 19...

that I last saw h~~e alive~~ on 1/25/25, 19...

and that death occurred, on the date stated above, at 9.40 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Gilley M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Mt Olivet Cem Washington Jan 27-1925

UNDERTAKER ADDRESS

Chas H. Evans & Son 11 W Mt Royal ave

Spec.—1-10-21—M&T—1500 Bks.

D 94465 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94465

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 174 W. Fort Ave ST., 23-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lacer

(a) RESIDENCE No. 174 W Fort Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie M. Lacer

6 DATE OF BIRTH (month, day, and year) June 9. 1832

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER George Lacer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Maggie M Lacer (Address) 174 W Fort Ave

15 Filed JAN 25 1925 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to Jan 23, 1925, that I last saw him alive on Jan 23, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Epharectasia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R E Campbell M. D.

Jan 24 1925 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Jan. 26 1925

20 UNDERTAKER Robt J Turner ADDRESS 1402 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94466

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94466

CERTIFICATE OF DEATH

9-24

1-PLACE OF DEATH

City of BALTIMORE: (No. 510 E. 20th. St., ...Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Lucy Frances Chelf

(a) Residence No. 510 E. 20th. St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Chelf

6-DATE OF BIRTH (month, day and year) Aug. 23, 1843

7-AGE.	If LESS than 1 day,
81 yrs. 5 mos. 0 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Virginia

PARENTS

10-NAME OF FATHER, Winston Pemberton White

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Susan Bragg

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Virginia

14- (Informant) Mrs. Susan Payne Barry

(Address) 108 E. Madison Street

15- JAN 25 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan-23-25

17- I HEREBY CERTIFY, That I attended deceased from ....., 1923., to Jan 23, 1925;

that I last saw her alive on Jan 23, 1925;

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 0 ds.

18-Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis? Clinic "Certs"

(Signed) Jolen S Kirkpatrick, M. D.

Jan 24, 1925 (Address) 930 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	1/26, 1925

20-UNDERTAKER.	ADDRESS
Henry U. Mears & Son	805 N. Calvert St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 D 94467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST., 18-3 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Hyland

(a) RESIDENCE No. 881 W. Lombard St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) August 12-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Belair Market

062

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frank M. Hyland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Margaret Cowan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Annie Hyland (sister)
(Address) 881 W. Lombard St

15 JAN 25 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Probably Pneumonia

(duration) yrs. mos. ds.

(Signed) J. S. H. Carter, M. D.
(Coroner)

1-25-25, 192 (Address) 503 . North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Jan 27 1925

20 UNDERTAKER Frank J. Cowan ADDRESS 901 Hollins

Key important. See instructions on back of certificate. Exact statement of OCCUPA-

Spec- 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94468

CERTIFICATE OF DEATH.

D 94468
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 658 Washington Boulevard St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John O'Grady

(a) Residence No. 658 Washington Boulevard St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	widower.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 15 1847

7-AGE,	If LESS than 1 day,
67 yrs. 10 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Balto Borgue
(c) Name of employer Owner

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Patrick O'Grady

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

11- (Informant) Mrs Kate Ward
(Address) 658 E Columbia Ave,

15- JAN 25 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1925 to Jan 23 1925
that I last saw him alive on Jan 22nd 1925
and that death occurred, on the date stated above, at 7.30 A.M.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. 20' ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos Boyd M. D.
Jan 24, 1925 (Address) 602 Washington Boulevard

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
New Cathedral Cem	Jan 28 1925
20-UNDERTAKER	ADDRESS
John J Cowan & Son Per J J Cowan	701 Holliday St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94469

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 Oakley Ave ST., 27-5 WARD)

2-FULL NAME Pasquale J Mantocci

(a) RESIDENCE NO. 143 Oakley Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.
(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	54	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer) John

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER John Mantocci

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Julia Mantocci (Address) 143 Oakley Ave

15 Date JAN 26 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23. 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 23. 1925. to Jan 23. 1925.

that I last saw him alive on Jan 23, 1925,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Four minutes
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fatty Degeneration of Heart
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Auscultation and Physical Examination

(Signed) C. S. Bauer, M. D.

1-23 1925 (Address) 5106 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bonnie Ring Cem	Jan 27 1925
20 UNDERTAKER	ADDRESS
Kinder & Appel Co.	3 N Howard

Spec.—1-10-21—M&T—1500 Bks.

Margaret Lassiter

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94470

CERTIFICATE OF DEATH.

x 54

D 94470

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lassiter. Margaret

(a) RESIDENCE No. 115 S. Market ST., WARD Petersburg Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 14/98

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — no occupation

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) — Virginia

PARENTS

10 NAME OF FATHER — Chas Lassiter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucia A Hamilton

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Records J. H. H.

(Address)

15 Filed JAN 26 1925 19 ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1924, to Jan 25, 1925, that I last saw her alive on Jan 25, 1925, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows: —

Pneumonia

(duration) — yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Mental Excitement

(duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? — Virginia

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Fred H Allen M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Petersburg Va — Jan 26 1925

20 UNDERTAKER — ADDRESS

John O Mitchell 120 N Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94471

CERTIFICATE OF DEATH.

74 D 94471

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Poplar Grove & Belair Rds. ST., 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Michael

(a) RESIDENCE No. 12 E. Woodland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Michael

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Railroad
(b) General nature of industry, business, or establishment in which employed (or employer) Clerk
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City
(State or country)

PARENTS

10 NAME OF FATHER George H. Michael

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Leonard

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Mary Merchant
(Address) 12 E. Woodland Ave

15 Filed JAN 26 1925 ROBERT R. KRAUTER, Registrar
Official Capacity Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h death
on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Chas H Louise M. D.
(Coroner)

Jan 25 1925 (Address) 352 N Bland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Jan 26 1925

20 UNDERTAKER Martin Lakey & Son — ADDRESS 1827 N Gay

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94472

D 94472

CERTIFICATE OF DEATH.

REGISTERED NO. 14-1 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 W. Fayette ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Bennett

(a) RESIDENCE No. 1421 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15th 24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	one	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Raymond Bennett

11 BIRTHPLACE OF FATHER (city or town) Cleveland, Ohio
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Peele

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Raymond Bennett
(Address) 1421 W. Fayette st.

15 JAN 26 1925 Registrar ROBERT S. KRAUTER Chief Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) — (duration) — yrs. — mos. — ds.

(Signed) Thos B. Forkin M. D. (Coroner)

Jan 25, 1925 (Address) Curtis Bay Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem DATE OF BURIAL Jan 26th 1925

20 UNDERTAKER A. Jones ADDRESS 11 S Gilmor

TION is very important See instructions on back of

Spec.-6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94473

CERTIFICATE OF DEATH.

58-001

D 94473

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 St. Lombard ST. 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul J Hillap

(a) RESIDENCE. No. 1321 St. Lombard ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Hillap

6 DATE OF BIRTH (month, day, and year) Jan 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood worker. 014

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

16 NAME OF FATHER A. Hillap

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Cathrine Alt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma A. Frankhauser.

(Address) 132 St. Lombard St

JAN 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from April 21 1923 to Jan 28 1925 that I last saw h[illegible] alive on Jan 28 1925 and that death occurred, on the date stated above, at 12.30 p m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

about (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical blood exams

(Signed) W. N. Triplett M. D.

, 19 (Address) 132 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	1/26/25 19

20 UNDERTAKER Liston P. Russellaugh ADDRESS 2620 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94474

CERTIFICATE OF DEATH.

90 D 94474

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 236 Loudon Ave St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Edward Donnelly

(a) Residence No. 236 Loudon Ave St., 20 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced, HUSBAND of ~~WIFE of~~ the late Elizabeth Donnelly

6-DATE OF BIRTH (month, day and year) Oct 11 1854

7-AGE. 70 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Peter E. Donnelly

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto. Co. Md.

12-MAIDEN NAME OF MOTHER: Don't Know.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Co. Md.

14- (Informant) James E. Donnelly.

(Address) 236 Loudon Ave

15- JAN 26 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23rd 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1925 to Jan 23 1925

that I last saw h..... alive on Jan 23 1925

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) 2

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

1/23 1925 (Signed) J. Ley Donnelly M. D.

(Address) 400 N Payson

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Jan 26 1925

20-UNDERTAKER: Lilly & Sons — ADDRESS 403 S. Wolfe St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94475 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94475

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 16 York Court (Guilford) St., 12-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Moreland ~~Humphreys~~ Spencer

(a) Residence No. 16 York Court (Guilford) St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White American

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (Write the word) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of widow Emory O. Spencer

6-DATE OF BIRTH (month, day and year) Dec 22 1840

7-AGE. 84 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Springfield Ohio

PARENTS

10-NAME OF FATHER. William Humphreys

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ohio

12-MAIDEN NAME OF MOTHER. Margaret Moreland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ohio

14-

(Informant) Mrs. L P Grimsley

(Address) 16 York Court (Guilford)

Filed JAN 26 1925 ROBERT T. KRAUSER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 24/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1924 to Jan. 24 1925 that I last saw her alive on Jan. 24 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

Contributory (Duration) 0 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Geo. K. Roberts M. D

Jan 25 1925 (Address) 3246 39

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Springfield Ohio — DATE OF BURIAL. Jan 26 1925

20-UNDERTAKER. E LeRoy Stiffler — ADDRESS 125 E. North Ave.

Be sure that every item is correctly and legibly supplied. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94476

CERTIFICATE OF DEATH.

D 94476

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 N. Luzerne Ave ST., 7-3 WARD)

2-FULL NAME Irene Crawford

(a) RESIDENCE NO. 933 N. Luzerne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	28	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 008

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. H. Crawford

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta M. Cross

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Charles H. Crawford
(Address) 933 N. Luzerne Ave

JAN 26 1925 ROBERT R. KRAUER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24. 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1924, to Jan 24, 1925,
that I last saw he alive on Jan 24, 1925,
and that death occurred, on the date stated above, at 9 53 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Bright Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? yes

(Signed) Alb I Bozl M. D.

1/26/25 19 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: Jan 27 1925

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Pard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94477. HEALTH DEPARTMENT—CITY OF BALTIMORE. 38 D 94477.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Calhoun St ST., 16-6 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Chaney

(a) RESIDENCE NO. 1120 Calhoun St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Hannah Chaney

6 DATE OF BIRTH (month, day, and year) July 10 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Race horse trainer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer milton Gray 986

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER Robert Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Dora Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hannah Chaney (Address) 1130 Calhoun St

15 JAN 26 1925 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18 1924 to Jan 23 1925.

that I last saw him alive on Jan. 23 1925.

and that death occurred, on the date stated above, at 12:55 P.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Unknown duration

History not definite

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Syphilis, and overwork

unknown (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank T Saunders M. D.

1-23 1926 (Address) 1123 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bare Hill Cem	1/26/25

20 UNDERTAKER Samuel P Frushy ADDRESS 28 N Eddie

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94478

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94478

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 404 S. Vincent St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanora M. Sullivan

(a) Residence No. 404 S. Vincent St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Mar 1, 1923

7-AGE, 1 yrs. 10 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER John B. Sullivan

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md.

12-MAIDEN NAME OF MOTHER Florence Nash

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md.

14- (Informant) John B. Sullivan

(Address) 404 S. Vincent

15- FILED JAN 26 1925 GERTRUDE S. KRAUTER, Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 24/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 19, 1925, to Jan 24, 1925, that I last saw h[illegible] alive on Jan 24, 1925, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) L. B. Mosenthal M. D.

1/26, 1925 (Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL, Jan 27, 1925

20-UNDERTAKER. Harry A. Weitz & Co

ADDRESS 1531 W. Lombard

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94479

CERTIFICATE OF DEATH.

90 D 94479

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1533 W. Lombard ST. 19-X WARD)

2-FULL NAME Sarah Ellen Barton

(a) RESIDENCE No. 1533 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~(HUSBAND) of~~ (or) WIFE of Late Willard G. Barton

6 DATE OF BIRTH (month, day, and year) Feb 6 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	85	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER John Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER ? Beidelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Oscar Hacker

(Address) 1533 W Lombard St

15 Filed ..... 19.....

JAN 26 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 11 1920 to Jan 23 1925, that I last saw her alive on Jan 22 1925 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Senile Arteriosclerosis & Chronic Myocarditis

(duration) About 4 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Harry G. Balsley M. D.

(Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Jan 16 1925

20 UNDERTAKER: Harry G. Walsh ADDRESS 1531 W Lombard

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94480

CERTIFICATE OF DEATH.

D 94480

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 821-E. Pratt st St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gabriel Hornstein

(a) Residence No. 821-E. Pratt st St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Hornstein

6-DATE OF BIRTH (month, day and year) 1825

7-AGE, 100 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) oldage pr

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Rumania

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Simon Hornstein

(Address) 821 E. Pratt st

JAN 26 1925 ROBERT N. KRAUER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). January 25 - 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1925 to January 1925 that I last saw h[illegible] alive on Jan 25 1925 and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(Duration) ..... yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical Examination

(Signed) Samuel Hornstein M. D

Jan 25 1925 (Address) 22 S. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, ..., 19..
Mount Sinai Cemetery	Jan 27 25
20-UNDERTAKER. Jack Levi's	ADDRESS 1429 E Pratt st

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94481

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94481

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Matthai

(a) RESIDENCE NO. Essex Rd ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2

7 AGE — Years: — Months: 10 — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Matthai

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ethel Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 JAN 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 22 - 1925 to Jan 23 1925, that I last saw him alive on Jan 23 1925, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH* was as follows:

Septicaemia (Haemolytic Streptococcus)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Otitis media - Acute Gastro-intestinal indigestion (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 724 Kenwood

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? — Blood culture

(Signed) Geo Jacobson, M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Jan 26 1925

20 UNDERTAKER: John Ulrich — ADDRESS: 1008 Orleans

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94482

CERTIFICATE OF DEATH.

D 94482

REGISTERED No. 22290

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 E. Montgomery St. ST., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Linthicum.

(a) RESIDENCE NO. 43 E. Montgomery St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, ~~widowed or divorced~~
HUSBAND of ~~(or WIFE of)~~ Annie G. Linthicum.

6 DATE OF BIRTH (month, day, and year) January 16, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	--	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Assistant foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Maryland Biscuit Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A.A.Co.Md.

PARENTS

10 NAME OF FATHER Thomas Linthicum.

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A.Co.Md.

12 MAIDEN NAME OF MOTHER Eliza Bealmear.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A.Co.Md.

14 Informant Annie G. Linthicum. (wife).
(Address) 43 E. Montgomery St.

15 Filed JAN 26 1925, 192 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23rd, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt (Coroner.), M. D.

Jan 25, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Jan 27 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94483

CERTIFICATE OF DEATH.

D 94483

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 Oakdale Rd ST., 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Resident

2-FULL NAME John Morrow Adams

(a) RESIDENCE No. 222 Oakdale Rd ST., 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? 69 yrs. 11 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Wescott Adams

6 DATE OF BIRTH (month, day, and year) Jan - 26 - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Quincy Adams

11 BIRTHPLACE OF FATHER (city or town) Loudon Co. (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Morrow

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Mrs Bessie W. Adams (wife)

(Address) 222 Oakdale Rd.

JAN 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan - 23 1925 to Jan - 24 1925, that I last saw him alive on Jan - 24 1925, and that death occurred, on the date stated above, at 3-15A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Arthritis Deformans

(duration) 12+ yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Paton Porter M. D.

Jan 25 1925 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan 27 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94484 — CERTIFICATE OF DEATH. — 1-24-001 — Registered No. D 94484

1-PLACE OF DEATH

City of BALTIMORE: (No. 1600 Eutaw Place St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilie Hergenroder

(Residence in Baltimore: No. 1600 Eutaw Place St.; yrs. 65? mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: About 1860 (Month) (Day) (Year)

7-AGE: About 65 ? ? yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Artist
(b) General nature of industry, business, or establishment in which employed (or employer): (Self) 001

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Emshain W. Hergenroder

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna M. — ?

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. J. A. Hoffman (Cousin)

(Address) Upper Montclair — N. J.

JAN 26 1925 ROBERT R. KRAMER, Registrar

Filed 192 Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 24, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) I find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Jan. 24 1925 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1600 Eutaw Place

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: Jan 26 1925

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS: 108 W. NORTH AVE.

N. B.—Every item of information should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

94485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 D 94485

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 19-2 WARD)

2-FULL NAME Elizabeth McMullen

(a) RESIDENCE NO. 709 Cole St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 20 1925

7 AGE: Years — Months — Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Leo F McMullen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Elizabeth Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 26 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to Jan 24, 1925, that I last saw him alive on Jan 24, 1925, and that death occurred, on the date stated above, at 1.05 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic disease of the newly born

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: 7/26/24

20 UNDERTAKER: Forge & Farley — ADDRESS: Baltimore & Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B R.S.—400 Bks.

D 94486

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1153 McElderry St., 5 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Dr Grove

(a) Residence No. 1153 McElderry St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. C

5-Single, Married, Widowed, or Divorced, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of no

6-DATE OF BIRTH (month, day and year) 1/15/1911

7-AGE. 14 yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School girl
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James D Grove

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Portugal

12-MAIDEN NAME OF MOTHER, Alverta Bowser

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Mother
(Address) 1153 McElderry St

15- Filed ..... 192.. JOSEPH R. KRAUER, Registrar.

Burial Permit Issued JAN 26 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/23/25

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to Jan 23, 1925, that I last saw h[illegible] alive on Jan 23 1925, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(Duration) 10 days

CONTRIBUTORY (Secondary) Acute Dilotation Heart

(Duration) 2 days

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Albert L. Levy M. D.

1925 (Address) 1202 E. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Jan 26 1925

20-UNDERTAKER, Mrs R. G. Elliott ADDRESS 725 Cumberland

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks. Lauania Mamb.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94487

CERTIFICATE OF DEATH.

D 94487

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 633 N. Central St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lauania Mamb

(a) Residence No. 633 N. Central St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fe

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Wid

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Mamb

6-DATE OF BIRTH (month, day and year) Jan 10, 1880

7-AGE. 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Darrell Mack

11-BIRTHPLACE OF FATHER (city or town) (State or Country) North Carolina

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14-

(Informant) Flora Taylor

(Address) 633 N. Central Ave

15 JAN 26 1925 ROBERT R. KRESS Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1925 to Jan 23 1925

that I last saw h alive on Jan 23 1925

and that death occurred, on the date stated above, at 5.30P m.

The CAUSE OF DEATH* was as follows:

Pneumonia and Intestinal Obstruction

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) P. Gabriel Chamberlain M. D.

Jan 27 1925 (Address) 1334 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Elmwood City P.C.	Jan 27 1925
20-UNDERTAKER	ADDRESS
Jos R. Gilbert	1125 Eastlander

Should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94488

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94488

CERTIFICATE OF DEATH.

100-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E. 21st ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Palmyre Warrington Brown

(a) RESIDENCE NO 715 E. 21st St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late James R. brown

6 DATE OF BIRTH (month, day, and year) July 9-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thos. Warrington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. md

14 Informant Mrs. Marie W. Brown
(Address) 715 E. 21st St

15 Filed JAN 26 1925, 192 ROBERT S. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Myocardial)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Probable Bronchopneumonia)

(duration) yrs. mos. ds.

(Signed) J. S. Howell, M. D.
(Coroner.)

1/26/25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Jan 29 192 5

20 UNDERTAKER	ADDRESS
John O Mitchell	1201 Wayne Ave

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94489

CERTIFICATE OF DEATH.

129

D 94489

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 S Eoppleton ST., 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph V. Lawless

(a) RESIDENCE No. 105 S Eoppleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9. 1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or.....min.
45	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packs.

(b) General nature of industry, business, or establishment in which employed (or employer) Kalb Borgia 086

(c) Name of employer Same

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Patrick Lawless.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Mc Keown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr John Lawless

(Address) 105 S Eoppleton St

15 Filed JAN 26 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to Jan 24, 1925, that I last saw him alive on Jan 24, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest Cooper, M. D.

1-27-1925 (Address) 2105 W Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 28 1925
20 UNDERTAKER John F Cannon & Son	ADDRESS
John F Cannon	90 Holliday St

...mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94490

Registered No. 76-8

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2009 S. 14th St., Ward 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Zimmer

(a) Residence No. 2009 S. 14th St., Ward 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 25 1925

7-AGE. yrs. mos. ds.

If LESS than 1 day, 6 hrs. or 20 min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John J. Zimmer

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary K. Herr

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) John J. Zimmer

(Address) 2009 S. 14th St

15- JAN 26 1925 ROBERT R. KRAUTER, Registrar.

Initial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1925 to Jan 26 1925

that I last saw him alive on Jan 26 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Open Foramen Ovale

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tatlow, M. D.

1/26, 1925 (Address) 315 S. Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Sacred Heart Cemetery — DATE OF BURIAL. Jan 27 1925

20-UNDERTAKER. Lilly & Zeiler — ADDRESS 4020 Wolfe St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94491

CERTIFICATE OF DEATH.

D 94491

1-PLACE OF DEATH Municipal Tuberculosis Hosp. 3rd

CITY OF BALTIMORE: (No. Bay View ST., W-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kreppel

(a) RESIDENCE NO. 1910 Fleet ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose A. Kreppel

6 DATE OF BIRTH (month, day, and year) May 21 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44		7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ship builder

(b) General nature of industry, business, or establishment in which employed (or employer) 0/65

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Kreppel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hosp. records (Address)

JAN 26 1925

Filed ..... ROBERT E. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1925, to Jan 25, 1925, that I last saw him alive on Jan 25, 1925, and that death occurred, on the date stated above, at 6.75 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchopneumonia

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clin. find. & Autopsy

(Signed) J. D. White, M. D.

, 19 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Jan 28 1925

20 UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St.

N. B.—WHITE PAPER, WITH CANADIAN INK—THIS SPACE RESERVED FOR RECORD. EACH mation should be carefully supplied. AGE sh CAUSE OF DEATH in plain terms, so that it m TION is very important. See instructions on ba E should be stated EXACTLY. PHYSICIANS should state t it may be properly classified. Exact statement of OCCUPA- on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94492

CERTIFICATE OF DEATH.

D 94492

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 S. West St. 24-90 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Manning

(a) Residence No. 119 S. West St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed, or Divorced~~ (Write the word.)

~~(If married, widowed, or divorced)~~ HUSBAND of (or) WIFE of Martin Manning

6-DATE OF BIRTH (month, day and year) — — 1855

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 600

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS:

10-NAME OF FATHER, Peter Haughey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Jackson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Bowen (Address) 119 S. West St.

15- Filed JAN 25 1925 19.. Robert R. Young Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23 1925

I HEREBY CERTIFY, That I attended deceased from June 24 19.. to Jan 23 19 25.

That I last saw him alive on Jan 23 19 25, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Silverwood, M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19..
Catholic Cem.	1/26/25
20-UNDERTAKER	ADDRESS
J. Tobey Sons	918 Light St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94493

CERTIFICATE OF DEATH.

31 D 94493

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Municipal Tuberculosis Hospital ST., 2400-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Bennett

(a) RESIDENCE No. None ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lunch room employee

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Jacob Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Rebecca ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital Records (Address) M.J.H.

15 Filed JAN 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 19, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1924, to Jan. 19, 1925, that I last saw h alive on Jan. 19, 1925, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Terminal bronchopneumonia

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray

(Signed) T. B. Whaley M. D.

1-20, 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/28 1925

20 UNDERTAKER J. Kelly Inc

ADDRESS 1318 Light St

N.B.—WHEN FILLED, WITH UNFADING INK, this certificate becomes a permanent record. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Avara

D 94494

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94494

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1224 Washington Blvd. (St.) 21-2 (Ward)

Registered No.

(If death occurred in a hospital or institution, give Its NAME Instead of street and number.)

2-FULL NAME Lemil Avara

(a) Residence No. 1229 Washington Blvd. (St.) Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 9/6-1908

7-AGE. 16 yrs. 4 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Rivola Avara

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Maria Grazia Maggio

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14-

(Informant) Maria Grazia Avara

(Address) 1229 Washington Blvd.

JAN 26 1926

Filed 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-25-25

17- I HEREBY CERTIFY, That I attended deceased from 1-23- 1925 to 1-25- 1925

that I last saw h[illegible] alive on 1-25- 1925

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Grip

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Dunn M. D.

19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral Cemetery	Jan. 27 1925
20-UNDERTAKER.	ADDRESS
Geo. J. Ruth.	1735 Harford Ave.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1924 D 94495

1-PLACE OF DEATH St. Joseph's Hosp. 8-W Registered No.....

City of BALTIMORE: (No.....St., 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Walls

(a) Residence No. 1801 N. Gay St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed~~, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E. Walls

6-DATE OF BIRTH (month, day and year) Oct. 15 1862

7-AGE. 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Queen Anne County

PARENTS.

10-NAME OF FATHER, John W. Walls

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Queen Anne County

12-MAIDEN NAME OF MOTHER, Laura E. Walls

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14-(Informant) Laura E. Walls

(Address) 1801 N. Gay St

15-JAN 26 1925 ROBERT S. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) Jan. 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 24, 1925, that I last saw h.. alive on Jan 23, 1925, and that death occurred, on the date stated above, at 4'5 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with chronic myocarditis. Chronic nephritis

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Amputation Left Leg (Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Sylent M. D

, 19 (Address) St Jo. Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL, Jan. 27 1925

20-UNDERTAKER, George J. Ruth — ADDRESS 1735 Harford Ave

IMPORTANT—READ CAREFULLY. PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94496

CERTIFICATE OF DEATH. X 31

D 94496

1-PLACE OF DEATH

City of BALTIMORE: (No. 715 N. Eden St. St., 10-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Gough

(a) Residence No. 715 N. Eden St. St., Ward 11 Mary's Co. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male | 4-COLOR OR RACE, colored | 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 2, 1902.

7-AGE. 22 yrs. 11 mos. 23 ds. | If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), St. Marys Co. Md.

PARENTS.

10-NAME OF FATHER, Joseph Gough

11-BIRTHPLACE OF FATHER (city or town) (State or Country), St. Marys Co. Md.

12-MAIDEN NAME OF MOTHER, Myrtle Carter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), St. Marys Co. Md.

14-

(Informant) Matilda Gough

(Address) 715 N. Eden St.

JAN 26 1925 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 25-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1925 to Jan. 25- 1925

that I last saw him alive on Jan. 24 1925

and that death occurred, on the date stated above, at 3.55A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

& Influenza (Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. C. W. Kennard M. D.

1-26 1925 (Address) 708 Enson St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, REMOVAL, OR CREMATION: St. Marys Co. Md. | DATE OF BURIAL. Jan. 27, 1925.

20-UNDERTAKER. Robt A Wilkinson | ADDRESS Leonardtown

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Gilman

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94497

CERTIFICATE OF DEATH.

D 94497.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Genl. Hosp. 20-5-44 WARD)

2-FULL NAME Charles Frederick Gilman

(a) RESIDENCE NO. 516 N. Monroe St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Gilman

6 DATE OF BIRTH (month, day, and year) Oct. 6 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocerynman

(b) General nature of industry, business, or establishment in which employed (or employer) 184

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER John H. Gilman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Mary E. Hantenbein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Mary E. Gilman

(Address) 516 N. Monroe St

15 Filed JAN 26 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/25 19

17 I HEREBY CERTIFY, That I attended deceased from 1/8/25, 19..., to 1/24/25.

that I last saw him alive on 1/24/25, 19

and that death occurred, on the date stated above, at 12.45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? None Date of

Was there an autopsy? Yes

What test confirmed diagnosis Clinical + Autopsy

(Signed) Wm. A. Young M. D.

, 19 (Address) Md. Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — DATE OF BURIAL 1/27/25

ADDRESS

20 UNDERTAKER Geo. Weber Son 2503 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94498

JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Hawthorn Rd St., Roland Park (WARD)

2-FULL NAME Nathaniel Condy

(a) RESIDENCE NO. 412 Hawthorn Rd Roland Park WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 3 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower ~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29, 1840

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Banker

(b) General nature of industry, business, or establishment in which employed (or employer) #

(c) Name of employer #

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Thomas Condy

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Cobb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Records

(Address)

15 Filed JAN 26 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from November 11, 1924, to January 25, 1925, that I last saw him alive on January 25, 1925, and that death occurred, on the date stated above, at 1 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene C. Shore, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 1/27/ 19

20 UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Orchard & McCulloh

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

JOHNS HOPKINS HOSPITAL

SAMPLE COPY

Spec.—1-10-21 M&T 1500 Bks.

D 94499

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-00

D 94499

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1022 Linden ave ST., 11-1 WARD)

2-FULL NAME James Russell Wheeler

(a) RESIDENCE NO. 1022 Linden ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 21st 1843

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
81 yrs	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bander

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER James Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Anna Barrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Mary Wheeler

(Address) 1022 Linden ave

JAN 26 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1923, 19..., to Jan 25th, 1925, that I last saw him alive on Jan 23rd, 1925, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis (Cerebral)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A. Abrams, M. D.

Jan 24, 1925 (Address) 1736 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan 27th 1925

20 UNDERTAKER Henry H. Jenkins Son Co

ADDRESS Orchard & N. Gilmor Sts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94500

CERTIFICATE OF DEATH.

D 94500

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 13-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Langford

(a) RESIDENCE NO. 2483 Linden Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17 1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Langford

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Fannie Watson

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant ..... (Address) .....

15 Filed JAN 26 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1924, to Jan 22, 1925, that I last saw him alive on Jan 22, 1925, and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Primary) (duration) yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Prematurity (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Jan 26 1925

20 UNDERTAKER Samuel F Hanley ADDRESS 578 W Fayette

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 9450

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9450

CERTIFICATE OF DEATH.

6-51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 Jefferson ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Lang, Jr.

(a) RESIDENCE NO. 2515 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 19, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8.		5.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At school,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John A. Lang.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungary.

12 MAIDEN NAME OF MOTHER Mary Bild.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Hungary.

14 Informant John A. Lang. (Father.)
(Address) 2515 Jefferson St.

15 Filed Robert P. Harrison, Registrar
JAN 26 1925
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24" 1925

17

I HEREBY CERTIFY, That I attended deceased from January 7. 1925. to Jany 24. 1925.
that I last saw h/her alive on Jany 24. 1925.
and that death occurred, on the date stated above, at 11-50 P m.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency -
ac
to myocarditis (duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb N Athey M. D.
July 25 1925 (Address) 100. S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A. G. Co	Jan 28 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	386 E Ford ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94502

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94502

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 Redwood St., 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Lilian Lasker

(a) Residence No. 609 Redwood St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan. 9. 1925

7-AGE	If LESS than 1 day.
....yrs....mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Everett Lasker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Chambers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) Mrs Lasker

(Address) 609 Redwood St

15-

Filed JAN 26 1925 19 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 26 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Jan 26, 1925, that I last saw h[illegible] alive on Jan 25, 1925, and that death occurred, on the date stated above, at 3 am

The CAUSE OF DEATH* was as follows:

Undernourished wgt 3. Lbs at birth

Congenital atelectasis

(Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) yrs. mos. 16 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) M. L. Freeman M. D.

1/26 1925 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mount Olivet	Jan 27, 1925
20-UNDERTAKER,	ADDRESS
George J Smith	1532 Hollins St

Burial Permit Clerk

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec--12-23-21—E.B.R.S.—400 Bks.

D 94503 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 W Fayette St., 18-20 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Borgel

(a) Residence No. 916 W. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 2, 1837

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 918

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Borgel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Bethold

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. George F. Borgel

(Address) 916 W. Fayette St

15- Filed Jan 26 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 25 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1924, to Jan. 26, 1925, that I last saw h[illegible] alive on Jan. 25, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Boyd M. D.

Jan 26, 1925 (Address) 602 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 28, 1925

20-UNDERTAKER, George J. Smith — ADDRESS 159 Hollins St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94504 / 94

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94504

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-1 100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

2-FULL NAME Lillian Scott

(a) RESIDENCE No. 1524 E. Madison St., L Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 22 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Archie Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mamie Thos

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

15 JAN 26 1925, 19 Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27 1925

17 I HEREBY CERTIFY, That I attended deceased from January 14, 1925, to January 27, 1925, that I last saw h alive on January 27, 1925, and that death occurred, on the date stated above, at 6 40 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, Secondary

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Rickets + Tetany

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Aub Jacobson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Jan 27 1925

20 UNDERTAKER: Mrs Lakes G. Bailey — ADDRESS: 1427 Jefferson St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94505

D 94505

CERTIFICATE OF DEATH.

86-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 701 Arlington Ave ST., Gorsuch F | 9 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Dyson Price

(a) RESIDENCE NO. 701 Arlington Ave ST., Gorsuch WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Cowen Price

6 DATE OF BIRTH (month, day, and year) April 6-1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	86	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Dr Robt Dyson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER — Spear

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant R. B. Price

(Address) 701 Arlington Ave Govans

15 Filed JAN 26 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30 1924 to Jan. 25 1925.

that I last saw h[illegible] alive on Jan. 25 1925.

and that death occurred, on the date stated above, at 9-15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

Senile Arterio-Sclerosis.

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Aorta Arteriosclerosis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis of right side of face.

(Signed) M. Gibson Porter, M. D.

1/26, 1925 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy — DATE OF BURIAL Jan. 28 1925

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

T. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94506

D 94506

CERTIFICATE OF DEATH.

1-PLACE OF DEATH S/S. M.& J.Tracy.Port Covington. REGISTERED NO.

CITY OF BALTIMORE: (No. W.Md.R.R. Coal Pier. ST., 24 - 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John R.Van Pelt.

(a) RESIDENCE No. 1293 Castleton Ave. Staten Island N.Y. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred --- yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oiler
(b) General nature of industry, business, or establishment in which employed (or employer) S/S M.& J.Tracy.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Capt.John W.Huskins.
(Address) M.& J.Tracy Inc.1 Broadway N.Y.

15 Filed ... 192 Robert P. Harrison, Registrar

JAN 26 1925

Deputy Vital Statistics Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan.22, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto W. Reinhardt, M. D. (Coroner.)

Jan. 26, 1925. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Brighton S.I. New York DATE OF BURIAL Ja 26 1925

Cause of Death Via Penna Ry Effingham

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94507

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94507

CERTIFICATE OF DEATH.

100-01

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Gill

(a) Residence No. Nursery and Childs Hospital St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 1, 1924

7-AGE.	If LESS than 1 day,
....yrs. 10 mos. 21 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant).....

(Address).....

15-

Filed..... Robert P. Harris Registrar.

JAN 26 1925

Burial (Cremation) Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-23-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925 to Jan 23, 1925

that I last saw h[illegible] alive on Jan 23 1925

and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Streptococcus Sore Throat (Duration) yrs. mos. 18 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) M. D. Walsh M. D.

1. 23. 1925 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL. JAN 26 1925, 19....

JOHNS HOPKINS HOSPITAL

20-UNDERTAKER. Bur. Water Board. per Sam E. Brenan.

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94508

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-01 D 94508

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 1-1 WARD)

2-FULL NAME Maggie Wilson

(a) RESIDENCE NO. 227 S. Duncan ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Municipal Hospital Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 26 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-19, 1925, to 1-19, 1925;
that I last saw her alive on 1-19, 1925
and that death occurred, on the date stated above, at 8 00 P m.
The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Path

(Signed) Claude G. Heuer, M. D.

1-21, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL JAN 22 1925

20 UNDERTAKER Commissioner of Health, per Wm. S. Woodall

WARNING.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 94509

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94509

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 Gilmor ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Brown

(a) RESIDENCE NO. 940 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/23/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 35 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Maggie L. Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant

(Address)

JAN 26 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/ 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/23/ 1925 to 1/24/ 1925

that I last saw h[illegible] alive on 1/24/ 1925

and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/24/ 1925 (Address) 911 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 1925

20 UNDERTAKER

ADDRESS

JAN 24 1925

(1) WRITE PLAINLY, WITH UNFADING INK. Every question should be answered. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 94510 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94510

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 Gilmor ST., 16-6 WARD)

REGISTERED NO. 61-501

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Boone

(a) RESIDENCE NO. 940 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
1	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/23/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 47 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bath
(State or country) Md

PARENTS

10 NAME OF FATHER James Boone

11 BIRTHPLACE OF FATHER (city or town)
(State or country) U. S.

12 MAIDEN NAME OF MOTHER Maggie Hicks

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) U. S.

14 Informant
(Address)

15 Filed ....., 19 .....
Registrar

JAN 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24/1925

17

I HEREBY CERTIFY, That I attended deceased from 1/23/1925, to 1/24/1925.

that I last saw h[illegible] alive on 1/24/1925.

and that death occurred, on the date stated above, at 12:40 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Lobar

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Hundley M. D.

1/24, 19 25 (Address) 917 Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ..... 19 .....

20 UNDERTAKER Bureau of Vital Statistics

ADDRESS JAN 27 1925

0096

U.S.—WRITE PLAINLY, WITH PEN AND INK—This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 lbs.

D 9451 D

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9451 D

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3942 Elm Ave ST., 13 1-4 WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert E. Lockner.

(a) RESIDENCE NO. 3942 Elm Ave ST., WARD (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant.

9a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3.	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS
10 NAME OF FATHER Wm H. Lockner.
11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.
12 MAIDEN NAME OF MOTHER Pearl Jackson
13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Wm H Lockner
(Address) 3942 Elm Ave.

15 , 19 Registrar

JAN 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 25, 1925
that I last saw him alive on Jan 25 1925
and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
(duration) yrs. mos. days

CONTRIBUTORY (Secondary) Laryngitis
(duration) yrs. mos. days

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) E E Richardson M. D.
Jan 26, 1925 (Address) 11 W 20 25 Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 1/27 1925

20 UNDERTAKER Walter Davis — ADDRESS 330 Druid

A.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94512

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94512

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1501 Glenwood Ave ST. 13-4 WARD. 101-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Elizabeth Brooks

(a) RESIDENCE. NO. 1501 Glenwood Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 30/1923.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	25	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Sherman Leroy Brooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Daisy Gertrude Hoffa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sherman Leroy Brooks
(Address) 1501 Glenwood Ave

15 Filed JAN 26 1925 Robert P. Harrison, Registrar
Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan 23rd. 1925 to Jan 25th 1925 that I last saw he alive on Jan 25th 1925 and that death occurred, on the date stated above, at 1045 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Meningismus

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) H. G. Lillich, M. D.

1926. 1925 (Address) 1527 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Cemetery	1/28 1925
20 UNDERTAKER J. Walter Davis	ADDRESS 3307 Pinkney Rd

I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94513

D 94513

CERTIFICATE OF DEATH.

(Brooklyn) 25-47

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 101 S. Sixth St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mary Giles

(a) Residence No. 101 S. 6th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) aug 15. 1848

7-AGE, 76 yrs. 5 mos. 9 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Patrick Lannon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Anastatia Walsh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Stella Kenney

(Address) 105 S. 6th St Brooklyn

15- Registrar.

JAN 26 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1, 24, 25

17- I HEREBY CERTIFY, That I attended deceased from 1. 2 19 25 to 1. 24. 19 25

that I last saw h alive on 1. 24. 19 25

and that death occurred, on the date stated above, at 9.05A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right Breast.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam.

1. 26. 25 (Signed) Edward Adams, M. D.

(Address) 107 Bowers st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Jan. 27 19 25

20-UNDERTAKER. Margaret A. Flynn ADDRESS 422 High St

Burial Permit Clerk.

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94514

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94514

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Wilson

(a) Residence No. 6 South Mount St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 29. 24

7-AGE.	If LESS than 1 day,
....yrs. 3 weeks	....hrs. or....min.

8-OCCUPATION OF DECEASED Child

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore Md
(State or Country).

PARENTS.

10-NAME OF FATHER, Wilson

11-BIRTHPLACE OF FATHER (city or town) Not known
(State or Country).

12-MAIDEN NAME OF MOTHER, Edith Wilson

13-BIRTHPLACE OF MOTHER (city or town) Not known
(State or Country).

14- (Informant) Neighbor

(Address).....

15- Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 21. 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 19, 19 25 to Jan 20, 19 25

that I last saw h. alive on Jan 20 19 25

and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Ist the injuries - Intra cranial hemorrhage 2d fracture occipital bone

(b) Paralysis 1st ureter

8 weeks
(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. D. Walsh M. D.

1-21, 1925 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
S HOPKINS HOSPITAL	....., 19
20-UNDERTAKER	ADDRESS
City Register Health.	JAN 21 1925

JAN 26 1925

Burial Permit Clerk

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94515

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94515

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 805 N. Glover St) (Ward) 17-3

Registered No.

2-FULL NAME Norman John Reiker

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 805 N. Glover St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~, Married, Widowed, or ~~Divorced~~. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 13 1912

7-AGE. 12 yrs. 2 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore md

PARENTS.

10-NAME OF FATHER, John Reiker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore md

12-MAIDEN NAME OF MOTHER, Lillian Sanders

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore md

14-

(Informant) Lillian Reiker

(Address) 805 N. Glover St

15-

Robert P. Harrison,

192

Registrar.

Burial Permit Clerk.

JAN 28 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 25 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1924 to Jan 15 16 1925

that I last saw him alive on Jan 25 16 1925

and that death occurred, on the date stated above, at 3 20 m.

The CAUSE OF DEATH* was as follows:

1 Birth Injury (Cerebral Hemorrhage)

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) Mastoiditis

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Walter W. White Jr M.D

Jan 26 1925 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Jan 28 1925

20-UNDERTAKER: Jos Joerdens Son — ADDRESS: 217 S. Pa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—200 Bks.

D 94516

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94516

CERTIFICATE OF DEATH.

22-18-2

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 711 S.Charles St. ST., 22 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Schaefer.

(a) RESIDENCE NO. 711 S.Charles St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Divorced.

5a If married, ~~HUSBAND OF~~ WIFE of Philip Schaefer.

6 DATE OF BIRTH (month, day, and year) March 17, 1884.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Haven.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Woods.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Harry Haven.(brother).
(Address) 2029 Frederick Ave.

15 Filed JAN 26 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Accidental Death.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

Jan 26, 1925. (Address) 1011 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Jan 29 1925
20 UNDERTAKER	ADDRESS
Wm J. Ruth	1735 Harford Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 94517

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2742 Maryland ST. 17 WARD) 16 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas E. Shauck

(a) RESIDENCE NO. 2742 Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Margaret Shauck

6 DATE OF BIRTH (month, day, and year) Aug 12, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shorter Tender
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt County Md

PARENTS

10 NAME OF FATHER Peter Shauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Barbara Gunzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant E. D. Shauch (Address) 2742 Maryland Ave

15 Filed ..... 192 Robert P. Harrison, Registrar

JAN 26 1925

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH was as follows:

Loss Poison

Suicide,

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Morrison, M. D. (Coroner.)

Jan 26, 1925 (Address) 3632 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	1/27 1925
20 UNDERTAKER H. E. Hughes	ADDRESS 424 N. Bond

MARRIAGE LICENSE, WITH ENDORSING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 94518

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94518

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 White ST., 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry L. Fisher

(a) RESIDENCE NO 1925 White ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida F. Fisher

6 DATE OF BIRTH (month, day, and year) Feb 7 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Land Cooker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Cochran Still Co

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Armstrong Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Grace Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ida F. Fisher
(Address) 1925 White ex-

15 Filed JAN 26 1925, 192 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23rd 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypoplexy

(duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.
(Coroner.)

Jan 26 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery.	Jan 27 1925
20 UNDERTAKER Adolphus Hasted.	ADDRESS 15 Hunters Lane Catonsville Md.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

AN 26 1925

Spec.—1-10-21—M&T—1500 Blks.

D 94519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94519

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD. Every item on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 107 N Hilton St. 20-1 Ward) REGISTERED NO. 129

2-FULL NAME Charles P. Mezger

(a) RESIDENCE NO. 107 N Hilton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Chas. P. Mezger.

6 DATE OF BIRTH (month, day, and year): Sept. 27-1887

7 AGE: Years 37 Months 3 Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lithographer

(b) General nature of industry, business, or establishment in which employed (or employer): 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Port Myers New Jersey

PARENTS

10 NAME OF FATHER: Emil A Mezger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Georgia Pritchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Irving H. Mezger (Address) Catonsville Md.

15 ..... 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk

AN 26 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1924 to Jan. 24, 1925

that I last saw h[illegible] alive on Jan. 24, 1925

and that death occurred, on the date stated above, at 9.40 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis.

(Chr. Bright's)

(duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Urinary findings

(Signed) Wm. Fleming, M. D.

1-26 1925 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Jan 27 1925

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94520 HEALTH DEPARTMENT—C[illegible] OF BALTIMORE D 94520

CERTIFICATE OF DEATH.

19-289 Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1527 W. Lombard St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clemens Henry Lears

(a) Residence No. 1527 W. Lombard St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Theresa Lears

6-DATE OF BIRTH (month, day and year) Feb. 23, 1857

7-AGE: 67 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Mattress Maker

(b) General nature of Industry, business, or establishment in which employed (or employer): Manufacturer

(c) Name of employer:

9-BIRTHPLACE (city or town). (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Frederick Lears

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Saxony Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Beyer

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Germany

14-Walter M. Lears (Informant)
1527 W. Lombard Street (Address)

15-Filed JAN 26 1925, Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 25, to Jan. 25, 19 25, that I last saw him alive on Jan. 25, 19 25, and that death occurred, on the date stated above, at 12.40 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Edw. V. Coolahan, M. D.

1-26, 25 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Calvary Cemetery — DATE OF BURIAL, Jan. 28, 1925

20-UNDERTAKER, Foster & B. Co. — ADDRESS 1003 W. Baltimore St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94521

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94521

CERTIFICATE OF DEATH.

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 804 N. Bond ST., 7-1 WARD)

2-FULL NAME Lillian Sparr

(a) RESIDENCE No. 804 N Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 15-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~38~~	37	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Sharp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Emma Linnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Toledo Ohio

14 Informant (Address): James Sparr Brother

15 Filed JAN 27 1925 MARTIN R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 19, 1925 to Jany 24 1925

that I last saw her alive on Jany 20 1925

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast.

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Don't Know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A Walters M. D.

19 (Address) 1627 Ashland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Jan 27 1925
20 UNDERTAKER	ADDRESS
Milton Davis	3160 Eden

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WARNING—REGISTERED FOR BINDING

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94522

CERTIFICATE OF DEATH.

113 D 94522

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2682 St. Benedict ST., W-4 WARD)

2-FULL NAME Hazl. O. Hines

(a) RESIDENCE NO. 2682 St. Benedict ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) JAN. 10. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	16	

8 OCCUPATION OF DECEASED

(c) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER John P. Hines

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Margaret Spanier

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant John R. Hines (Address) 2682 St Benedict st

15 Filed JAN 27 1925 MICHAEL S. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1925

17 I HEREBY CERTIFY, That I attended deceased from JAN. 10, 1925, to JAN 26-, 1925, that I last saw h[illegible] alive on JAN. 26-, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sym & Symptoms

(Signed) Walter A Bey M. D.

1/26, 1925 (Address) 2406 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	1-27-1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Baltimore Hollins st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94523

CERTIFICATE OF DEATH

D 94523

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Ave ST. 29 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Jemmofuld McCurry

(a) RESIDENCE NO. South Ave ST. 27 WARD 7

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (HUSBAND) of (or) WIFE of Isaac McCurry

6 DATE OF BIRTH (month, day, and year) Jany 5 1832

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Fredericksburg, Va

PARENTS

10 NAME OF FATHER John C. Calhoun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Julia Pritchard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant R. L. Nicholson

(Address) Mt Hope Baltimore Md

15 Filed JAN 27 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 26 1925

17 I HEREBY CERTIFY, That I attended deceased from ..., 19 25, to Jany 26, 19 25.

that I last saw her alive on Jany 7, 19 25

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Senility

Arterio Sclerosis

about (duration) 15 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) William J Ford, M. D.

(Address) 1116 Eutaw Pl Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 1/27 1925

20 UNDERTAKER H. W. Mearor Son — ADDRESS 26 N Calvert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94524

CERTIFICATE OF DEATH.

1476 D 94524

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST.; 17-D WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virgie Crawford

(Residence in Baltimore: No. 516 Monroe St. St.; Five yrs., mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1885 (Year)

7-AGE, 40 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home 70

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER: Hall Brown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw Smith

(Address) 516 Monroe St

15- JAN 27 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-24- 1925, to 1-25- 1925, that I saw her alive on 1-25- 1925, and that death occurred, on the date stated above, at 9 20 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) M. D.

1-24-, 1925. (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 1-28-1925

20-UNDERTAKER Dan Ecker — ADDRESS 916 Pa Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94525

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001 D 94525

Registered No. C

City of BALTIMORE: (No. 522 N. Pine St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Willis

(Residence in Baltimore: No. 522 N. Pine St. St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

6-DATE OF BIRTH: About 1865 (Month) (Day) (Year)

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

070

9-BIRTHPLACE, (State or Country): Va.

PARENTS:

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Mary Covington

13-BIRTHPLACE OF MOTHER, (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Parker

(Address) 522 N. Pine St.

JAN 27 1925

Filed 192

Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 25, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): no history.

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Jan. 26 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 1-27 1925

20-UNDERTAKER: Dorsey Eaton — ADDRESS: City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94526

CERTIFICATE OF DEATH.

D 94526

1-PLACE OF DEATH 1134 Registered No.

City of BALTIMORE: (No. 1134 Penna ave S. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin McBell

(a) Residence No. 1132 Penna ave S. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colod.

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1876

7-AGE 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-(Informant) Bertha McBell

(Address) 1134 Penna ave

15-JAN 27 1925 FORCE S. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 25 1925

17-I HEREBY CERTIFY, That I attended deceased from Jan 17 1925 to Jan 25 1925

That I last saw him alive on Jan 25 1925

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 8 ds

CONTRIBUTORY (Secondary) Exposure

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms

(Signed) Thos Wonderdorf M. D

1-26 1925 (Address) 1028 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cem

DATE OF BURIAL. 1-27-1925

20-UNDERTAKER. David Easton

ADDRESS 96 Park ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1855 Blks.

D 94527

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94527

CERTIFICATE OF DEATH.

+40 +3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Brown

(a) RESIDENCE NO. Harrington (ST.) Md (WARD)
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Brown

6 DATE OF BIRTH (month, day, and year) Feb 11 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Md.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER N. D. Groomes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jennie Lyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Record
(Address)

15 Received JAN 27 1925 Robert A. Kinsley, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/1925

17 I HEREBY CERTIFY, That I attended deceased from 1/23/25, 19..., to 1/26/25.

that I last saw h alive on 1/26/25, 19

and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis
Acute Peritonitis

(duration) yrs. mos 1 wk ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ? appendicitis

Did an operation precede death? yes Date of 1/25/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operation

(Signed) K. W. Golby, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sykesville Md. DATE OF BURIAL Jan 29 1925

20 UNDERTAKER Jr. R. Neer ADDRESS Sykesville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

D 94528

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94528

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 Cleggett St. St., 17-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Woodridge

(Residence in Baltimore: No. 503 Cleggett St. St.; yrs., 2 mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. Oct. 29, 1923
(Month) (Day) (Year)

7-AGE. 1 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... none

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Richard Hardy

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Frances Woodridge

13-BIRTHPLACE OF MOTHER. (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Woodridge

(Address) 503 Cleggett St.

JAN 27 1925 ROBERT A. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 25, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) no history of any contagious or infectious diseases

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J. J. Hennessy, M. D.
(Coroner)

Jan. 25 1925 (Address) 2402 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
W. Baltimore Cem.	1/27/25 19

20-UNDERTAKER. Daniel Eastern ADDRESS 16 Penna. Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94529 D 94529

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette & Payson ST., 20-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Audrey Mulligan

(a) RESIDENCE NO. Athens, Ohio ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 6th 1900

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS
10 NAME OF FATHER Hugh F. Mulligan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio
12 MAIDEN NAME OF MOTHER Gertrude Radu
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Bro. Hugh F. Mulligan
(Address) Athens R.F.D. 5 Ohio

JAN 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1925, to Jan 26 1925,
that I last saw her alive on Jan 26 1925,
and that death occurred, on the date stated above, at 4:40 P. m.

The CAUSE OF DEATH* was as follows:
Brain tumor, left temporal lobe

(duration) 6 yrs. 7 mos, ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? ...
Did an operation precede death? Yes Date of Jan 16th.
Was there an autopsy? ...
What test confirmed diagnosis? Clin. & Operation
(Signed) ... M. D.
(Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Athens Ohio	Jan 27 1925

20 UNDERTAKER George L. Schwab ADDRESS Worthington, Ohio

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94530

CERTIFICATE OF DEATH.

8-4 90

REGISTERED NO. D 94530

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N. Dallas ST., 8 WARD)

2-FULL NAME Winnie Silvinia Parker

(a) RESIDENCE NO. 1113 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence is city or town where death occurred 10 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Parker

6 DATE OF BIRTH (month, day, and year) August 12, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	76	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sonestown

(State or country) St. Mary's Co. Maryland

PARENTS

10 NAME OF FATHER William P. Taylor

11 BIRTHPLACE OF FATHER (city or town) Hayfields

(State or country) Virginia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Geary Parker

(Address) 1113 N. Dallas St

15 JAN 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1925, to Jan. 24, 1925,

that I last saw h.. alive on Jan. 24, 1925,

and that death occurred, on the date stated above, at 3:05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. S. Long Berry M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 27 1925
20 UNDERTAKER John W Henderson	ADDRESS 1502 E Monument

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94531 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1606 Eutaw Place 14-24-001 Registered No.

City of BALTIMORE: (No. 1606 St., 14-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Josephine Turnbull Waite

(a) Residence No. 1606 Eutaw Place St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, ~~Widow~~ or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Saml R Waite

6-DATE OF BIRTH (month, day and year) Oct 4th 1854

7-AGE. 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Turnbull

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Emily Humell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) John H Waite

(Address) Waynesboro Va

15- JAN 27 1925 ACCEPT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1923, to Jan. 26, 1925 that I last saw h or alive on Jan. 26, 1925 and that death occurred, on the date stated above, at 10:45 a-m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Paralysis of L opp side & Speech

(Duration) ~~3 days~~ mo 3 days

CONTRIBUTORY (Secondary) Cardiac Insufficiency (Duration) 2 yrs. 2 mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms.

(Signed) Nellie V. Mark M. D.

, 19 (Address) 1318 Linden Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Green Mount — DATE OF BURIAL. Jan 28 ... 25

20-UNDERTAKER. John C. Mudd — ADDRESS 1201 W Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94532

94532

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Argyle St. 17-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Brown

(a) RESIDENCE. No. 919 Argyle St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible] 1787

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Handy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lillian Brown

(Address) 919 Argyle Ave

15 Filed JAN 27 1925 16 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Jan 24, 1925, that I last saw h[illegible] alive on Jan 24, 1925, and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat

(duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history & Phy findings

(Signed) [illegible] M. D.

Jan 27, 1925 (Address) 712 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	1-27 1925

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Hanover Ave

N. B.—WHITE BLANKS, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

YALE

Spec.—1-10-21—M&T—1500 Blks.

1775 15

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94533

CERTIFICATE OF DEATH.

+ 132 D 94533

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

2-FULL NAME Edward Ebbert

(a) RESIDENCE NO. Pittsburg Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Treasurer

(b) General nature of industry, business, or establishment in which employed (or employer) Coal company

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER John Ebbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Janet Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Riesale

(Address) JOHNS HOPKINS HOSPITAL

JAN 27 1925

Filed , 19 PHILIP A. KRAUS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 13 - 1925, to Jan 27 - 1925, that I last saw ~~him~~ alive on Jan 27 - 1925, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

Renal Sthiasis (right) = latter condition in duration

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary)

Uremia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan. 16, 1925.

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Winfield S. Scott, M. D.

, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsburg Pa	1/27/1925
20 UNDERTAKER	ADDRESS
Joseph Abrens	221 Bway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

KODAK

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94534 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001 D 94534

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St., 76 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Catharine McCabe

(a) Residence No. Bay View Asylum St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. E. McCabe

6-DATE OF BIRTH (month, day and year) May 1-1845

7-AGE. 79 yrs. 9 mos. 24 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. John Downey

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Shay

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Boston Mass

14-(Informant) Geo. McCabe

(Address) 1835 Eagle St

15- JAN 27 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-25-25

17- I HEREBY CERTIFY, That I attended deceased from 12-22-, 1924, to 1-25-, 1925

that I last saw h[illegible] alive on 1-25-, 1925

and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Cl[illegible]

(Signed) [illegible], M. D.

1-26, 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park | DATE OF BURIAL. Jan 28 1925

20-UNDERTAKER. Wm J Gickner Son | ADDRESS 14 Pa

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94535 — 1-PLACE OF DEATH — D 94535 Registered No.

City of BALTIMORE: (No. 211 S. Gilmor St., St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Wright

(a) Residence No. 211 S. Gilmor St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND (~~of~~) WIFE Sarah E. Wright

6-DATE OF BIRTH (month, day and year) Sept 12, 1848

7-AGE, 76 yrs. 4 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Potter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Nova Scotia

PARENTS.

10-NAME OF FATHER Samuel Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Johanna French

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14-Informant Sarah E. Wright

(Address) 211 S. Gilmor

15-DATE RECEIVED JAN 27 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 24th 1925

17- I HEREBY CERTIFY, That I attended deceased from May 2, 1923 to Jan 24, 1925 that I last saw him alive on Jan 21, 1925 and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urinary

(Signed) Chas. C. Conser M. D.

1-26, 1925 (Address) 1101 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL, Jan 27, 1925

20-UNDERTAKER. — ADDRESS Harry A. Witzke 1314 W. Lombard

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should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94536 D 94536

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. REGISTERED NO. 90

CITY OF BALTIMORE: (No. 1726 Presstman ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Brown

(a) RESIDENCE NO. 1726 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lilly Brown

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: Years 60? Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Joseph Brown

(Address): 1726 Presstman St

Filed JAN 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1925, to Jan 24, 1925, that I last saw h[illegible] alive on Jan 23, 1925, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Fisher, M. D.

1/27, 1925 (Address) 1926 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn DATE OF BURIAL: Jan 27 1925

20 UNDERTAKER: Virginia A. Brooks ADDRESS: 1463 W. Lanvale

Cor.—1-12-23—M&T—100 Bks.

D 94537 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94537

CERTIFICATE OF DEATH.

5-2 90

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 215 N. Spring St ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Jolly

(a) RESIDENCE NO. 215 N.Spring St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 07
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Adam Grace

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Henderson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Josephine Sterling (mother)
(Address) 1639 E.Monument St

15 Filed JAN 27 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-probably valvular

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Indigestion

(duration) yrs. mos. ds.

(Signed) J. H. Collier (Coroner.) M. D.

1-27-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan 27 1925
20 UNDERTAKER	ADDRESS
Robert C. Williams & Wm. Cleary &	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94538

CERTIFICATE OF DEATH.

20-5 129 D 94538

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929 W.Fayette St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Christopher,

(a) RESIDENCE NO. 1928 W.Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Thomas J.Christopher,

6 DATE OF BIRTH (month, day, and year) February 7,1842

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm.G.Hammer,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Fink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Littlestown Penna,

14 Informant C.N.McCormick,

(Address) 1929 W.Fayette St

15 Filed JAN 27 1925, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1924, to Jan 25, 1925, that I last saw h[illegible] alive on Jan 25, 1925, and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Empyema Gall Bladder

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E Hall Hemming, M. D.

JAN 26 1925, 19 (Address) 2000 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL JAN 29 1925, 19

20 UNDERTAKER Geo W Little

ADDRESS 2708 EDMONDSON AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+155

D 94539

1-PLACE OF DEATH

City of BALTIMORE: (No. Presbyterian Eye Ear & Throat Hosp. St., 3-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lino Basile

(a) Residence No. 19 Stillwater Road (Usual place of abode) Essex Balto Co. Md. St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 26 1915

7-AGE, 9 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Angelo Basile

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Rosa Tileri

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14-

(Informant) Mrs. Angelo Basile

(Address) Essex Balto Co. Md

Filed JAN 27 1925 ROBERT R. KRAUTER, Registrar.

Initial Record Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1925 to Jan. 26, 1925 that I last saw h[illegible]alive on Jan. 26 1925 and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Mastoiditis, Chronic

~~Meningitis~~

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Meningitis Lateral Sinus Thrombosis (Duration) yrs. mos. 18 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan. 8 1925 Jan. 10 1925

Was there an autopsy? No

What test confirmed diagnosis? Opening of meninges & lateral sinus

(Signed) E. W. Sichel M. D.

1/26/25 19 (Address) Presbyterian Eye Ear & Throat Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Amity — DATE OF BURIAL. Jan. 28 1925

20-UNDERTAKER, Henry Hoech Son — ADDRESS 1301 E Eager St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94540

CERTIFICATE OF DEATH.

D 94540

REGISTERED No. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Adler

(a) RESIDENCE No. 75 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Annie

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs S. Siegel

(Address) 2105 W. Baltimore St

15 JAN 27 1925 Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 19 25

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 19 25, to Jan 26, 19 25,

that I last saw him alive on Jan 26, 19 25,

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Nephritis

(duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis Emphysema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? House

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Levinson M. D.

1/26, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave — DATE OF BURIAL 1/27 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1/27 E. Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94541 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94541

CERTIFICATE OF DEATH.

5-2 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 May St. ST. 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Camper,

(a) RESIDENCE NO. 1129 May St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30, yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Camper

6 DATE OF BIRTH (month, day, and year) Aug. 22, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
35	35	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Howard Washington.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known.

12 MAIDEN NAME OF MOTHER Elnora Moore.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Charles Camper. (Address) 1129 May St.

15 JAN 27 1925 ROBERT N. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1925, to Jan. 24, 1925, that I last saw her alive on Jan. 23, 1925 and that death occurred, on the date stated above, at 2:15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) ---

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical.

(Signed) Harry F. Brown, M. D.

11/26 1925 (Address) 1501 Presstman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion Cem.

DATE OF BURIAL Jan 27 1925

20 UNDERTAKER Ida Snowden

ADDRESS 1725 Ashland ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94542

CERTIFICATE OF DEATH.

29 94542

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 626 W Barre St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert M Shutz, M.D.

(a) Residence No. 626 W Barre St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen

6-DATE OF BIRTH (month, day and year) Oct. 17. 1849

7-AGE. 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER Robert Shutz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Mrs R M Shutz

(Address) 626 W Barre

15- JAN 27 1925 PURLIE R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 25. 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1924 to Jan. 25 1925

that I last saw alive on Jan. 25 1925

and that death occurred, on the date stated above, at 10.45 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Fruitinger M. D.

1/27 1925 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 28th 1925
20-UNDERTAKER. Geo Leimbach & Son.	ADDRESS 647 W Pratt St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

94543

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001 94543

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Jayne Av ST., 20th WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Jane Riegger

(a) RESIDENCE NO. 515 Jayne Av ST., 20th WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (2) yrs. (4) mos. (10) ds. How long in U. S., if of foreign birth? —— yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year): Sept 15=1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	2	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: James M. Riegger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Estelle Tarr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): James M. Riegger 515 Jayne Av

15 Filed JAN 27 1925 Registrar PAULINE A. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1925, to Jan. 25, 1925, that I last saw her alive on Jan. 25, 1925, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Coryza Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. J. Kheiling, M. D.

1-26, 1925 (Address) 1120 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 28 1925

20 UNDERTAKER: F. B. Hippid — ADDRESS: 1850 W Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 910 Sarah Ann St., 18 Ward)

Registered No. D 94544

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Roy

(a) Residence No. 910 Sarah Ann St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Roy

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14-INFORMANT Thomas Roy

(Address) 910 Sarah Ann St

15- JAN 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/25/25

17- I HEREBY CERTIFY, That I attended deceased from 12/16/ 1924 to 1/25 1925

that I last saw h alive on 1/25 1925

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. L. Jackson M. D.

1/26, 1925 (Address) 818 N. Dacatur St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cemetery — DATE OF BURIAL, Jan. 28, 1925

20-UNDERTAKER, Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Rbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94545

D 94545

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Colonial Hosp.

CITY OF BALTIMORE: (No. Nt. Mount ST. 20-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Holly

(a) RESIDENCE NO. Nt. Mount 104 Clement St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Holly

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wilson and Martin

9 BIRTHPLACE (city or town) St. Mary Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Holly

11 BIRTHPLACE OF FATHER (city or town) St Mary Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillie Swailes

13 BIRTHPLACE OF MOTHER (city or town) St. Mary Co (State or country) Maryland

14 Informant Elsie Holly

(Address) 104 Clemont St.

15 Filed ..... 19 ..... Registrar

JAN 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-16, 1924, to 1-25, 1925,

that I last saw h— alive on 1-25, 1925,

and that death occurred, on the date stated above, at 11,30 p. m.

The CAUSE OF DEATH* was as follows:

decompensated aortic regurgitation

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) pulm. infarcts (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. L. Szucs, M. D.

, 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn ~~Woodlawn~~ Cemetery	Jan. 29 1925
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

94546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94546

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 505 N. Clinton St., 76-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Hopkins

(a) Residence No. 303 N. Clinton St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) M.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hopkins

6-DATE OF BIRTH (month, day and year) July 21, 1856

7-AGE. 68 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Marine

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER James Hopkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Margaret Pollock

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

11- (Informant) Mary E. Hopkins

(Address) 505 N. Clinton

15- JAN 27 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 19 25 to Jan 26 19 25

that I last saw h.. alive on Jan 25 19 25

and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

from Pusley 2

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) G. F. Cushman, M. D.

Jan 26 19 25 (Address) 3108 Harford

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Schwartz	Jan 29, 1925
20-UNDERTAKER. Zirkler & Zirkler	ADDRESS 1733 E Eager

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94547

CERTIFICATE OF DEATH.

D 94547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 7 Penn ST.; 4-1 WARD)

2-FULL NAME Josephine Wilson

(a) RESIDENCE NO. 7 Penn ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Wilson

6 DATE OF BIRTH (month, day, and year) June 12 70

7 AGE Years 54 Months 7 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Askins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Effie Askins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant William Wilson

(Address) 7 Penn

Filed JAN 27 1925 PERLEY N. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Jan 24, 1925, that I last saw h alive on Jan 24, 1925, and that death occurred, on the date stated above, at 11.0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis Characteristic Symptoms

(Signed) C. H. Fenger, M. D.

(Address) 712 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J E Auburn — DATE OF BURIAL Jan 27 1925

20 UNDERTAKER John W. Chase Son — ADDRESS 1400 Mosher

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94548

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00 D 94548

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St., 10-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Metz or Pets

(a) Residence No. 1426 Nelson St., 926 Webb St. Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word)
Male	Colored	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1847

7-AGE,	If LESS than 1 day,
78 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Frederick Co. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wilson Metz

11-BIRTHPLACE OF FATHER (city or town) Baltimore Co. (State or Country),

12-MAIDEN NAME OF MOTHER, Ellen Dowday

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14- (Informant) Municipal Hospital

(Address)

15- Filed JAN 27 1925 ROBERT F. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-24-25

17- I HEREBY CERTIFY, That I attended deceased from 1-15, 19 25 to 1-24, 19 25 that I last saw he alive on 1-24, 19 25 and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Suicide Determination

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Charles J. Drew, M. D.

1-26, 19 25 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt. Auburn	Jan 28 1925

20-UNDERTAKER Sam'l T. Chase & Son ADDRESS 1400 Mosher

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94549

CERTIFICATE OF DEATH.

164 D 94549

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Harlem Ave ST., 16-2 WARD)

2-FULL NAME Sarah Harvey

(a) RESIDENCE NO. 1700 Harlem ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Harvey

6 DATE OF BIRTH (month, day, and year) May 27, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) ——— do

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harry C Harvey (Address) 1700 Harlem Ave

15 FILED JAN 27 1925 VOLNEY R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to Jan 27, 1925.

that I last saw h alive on Jan 20, 1925.

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows: Senility

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/27, 1925 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Grove, Md	Jan 30, 1925
20 UNDERTAKER	ADDRESS
C. V. Tepton & Son	Hampstead, Md

N. B.—WRITE PLAINLY, WITH UNFADING INK. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M.&L.—1500 Blks.

D 94550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 94550

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Alicanna ST., V-2 WARD)

2-FULL NAME Miss Anna S. Sierierski

(a) RESIDENCE NO. 1707 Alicanna St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory work 069

(b) General nature of industry, business, or establishment in which employed (or employer) Button making

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Roman Sierierski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Niedzolek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary Sierierski.

(Address) 1707 Alicanna St.

JAN 27 1925

JOSEPH R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1925

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1924, to January 25, 1925.

that I last saw her alive on January 25, 1925.

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) ——

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & Lab. X-ray

(Signed) John L. Szerlicki M. D.

, 19 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	Jan 28 1925.
20 UNDERTAKER	ADDRESS
M. F. Sadowski.	905 S Ann

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 94551

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Bank ST., 7K-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Erick M. Elisson.

(a) RESIDENCE NO. 2014 Bank ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 11th 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Erick M. Elisson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Alice A. Helmuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Erick M. Elisson.
(Address) 2014 Bank St.

15 Filed JAN 27 1925, 19 [illegible] Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1925, to Jan. 25, 1925.

That I last saw him alive on Jan 25, 1925.

and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation & consecutive (duration) yrs. mos. 6 hours ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1/26, 1925 (Address) 2050 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Jan 27 1925

20 UNDERTAKER Lilly & Zeiler

ADDRESS 4003 Main

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94552 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 94552

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 S. Robinson ST., 14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Cresentia Foertschbeck

(a) RESIDENCE No. 724 S. Robinson ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15th 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Foertschbeck

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Grace Seibert

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant John Foertschbeck.
(Address) 724 S. Robinson St.

15 JAN 27 1925 PURNELL S. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1925, to Jan 25, 1925, that I last saw her alive on Jan 24, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robt N. Athey, M. D.

Jan 26, 1925 (Address) 108 Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Jan 27 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 4033 Hoff Ave

NOTE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94553

CERTIFICATE OF DEATH.

161-001 D 94553

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Spring Hill St. Lth WARD 27-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Lee Faust Jr

(a) RESIDENCE No. 617 Spring Hill St. Lth WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6y. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (W)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Edward Lee Faust

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Helen Dunton

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Edward Lee Faust
(Address) 617 Spring Hill Lee

15 Filed JAN 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1925 to Jan 26 1925

that I last saw h/he alive on Jan 26 1925

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Expiration due to premature birth.

(duration) yrs. mos 10 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) L W Talbert M. D.

1/22 1925 (Address) Tavern Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL June 27 1925

20 UNDERTAKER Martin Baker Son — ADDRESS 1877 N North

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94554

CERTIFICATE OF DEATH.

90 D 94554

1-PLACE OF DEATH 1647 N Collington Ave

CITY OF BALTIMORE: (No. ... ST. 8-1 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Knadler

(a) RESIDENCE. No. 1647 N Collington Ave ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
38				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N Y

PARENTS

10 NAME OF FATHER Frank Knadler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Burkhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) 1647 N Collington Ave

15 Filed JAN 27 1925 19... ROBT. R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1924 to 1-26 1925

that I last saw her alive on 1-25 1925

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Uremia Toxemia (Colitis) Pyelonephritis (Toxemia) — Edroid Goiter

CONTRIBUTORY (Secondary) acute Nephritis (duration) ... yrs. ... mos. ... ds.

acute Cardiac Dilatation

18 Where was disease contracted if not at place of death? undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

1-27-25 Address 1600 North Wolfe St. M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 28 1925

20 UNDERTAKER Geo Mosser — ADDRESS 1442 N Gay St

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 94555

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94555

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 707 Josephine St. St., 4-38 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant J. Rose & Aron Fisher

(Residence in Baltimore: No. 707 Josephine Fisher St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	Col'd	

6-DATE OF BIRTH. Jan (Month) 27 (Day) 1925 (Year)

7-AGE. a few hours yrs. mos. ds. If LESS than 1 day, 1 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). at City

PARENTS.

10-NAME OF FATHER, Aron Fisher

11-BIRTHPLACE OF FATHER, (State or Country). Md'

12-MAIDEN NAME OF MOTHER, Rose Binet

13-BIRTHPLACE OF MOTHER, (State or Country). Md'

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Fisher

(Address) 707 Josephine St

15- Filed ..... 192 ..... Registrar.

Robert P. Harrison,

JOHNS HOPKINS HOSPITAL

N 27 1925

0110

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Baby Delivery

Gen

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

1-26 1925 (Address) 1117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ... 19

20-UNDERTAKER. ADDRESS

JAN 27 1925

Bd. of Health

Dept. of Vital Statistics

Baltimore City

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 94556

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94556

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marjorie Johnson

(a) RESIDENCE NO. 72½ Grindall Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 170

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Levi Kain

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Municipal Hospital Reports JOHNS (Address)

Filed JAN 27 1925, 19 Robert P. Harrison, Registrar

0108

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-22, 1925, to 1-23, 1925

that I last saw her alive on 1-23, 1925

and that death occurred, on the date stated above, at 7.40 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

Mitral Stenosis and Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) 1 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Path

(Signed) Claude G. Drew, M. D.

1-26, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Deputy Director of Health.

JAN 27 1925

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94557

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94557

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Fulton Av ST., 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma A. Bernstein

(a) RESIDENCE No. 819 N. Fulton Av ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Wht	Widow

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Charles N. Bernstein

6 DATE OF BIRTH (month, day, and year) Nov. 4th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Jacob Stackhouse

11 BIRTHPLACE OF FATHER (city or town) Harford Co (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Seltzer

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Joseph E. Egan

(Address) 1114 Fennell av.

15 JAN 27 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1920, to Jany. 27, 1925, that I last saw her alive on Jany 26 '25, and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Ven. dis of Heart. Incurred
by Abuse of Stomach
& Liver

(duration) yrs. 20 mos ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Edward ..... M. D.

Jan 27, 1925 (Address) 1605 N. Howard av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 29 1925
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94558

CERTIFICATE OF DEATH.

B 94558

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST.) (WARD)

2-FULL NAME Raymond Pilkerton

(Residence in Baltimore: No. 108 Collins Street ... 3 life. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 21st, 1918
(Month) (Day) (Year)

7-AGE, 6 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Raymond Pilkerton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER Madeline Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Madeline Pilkerton
(Address) 108 Collins Street

15-

Filed....., 191.....
Registrar.

N 21925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-25- 1925, to 1-26- 1925, that I saw him alive on 1-26 1925, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Fractured skull
(Accidental death)

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Int. Cranial hemorrhage

..... (Duration).....yrs.....mos.....ds.

(Signed) M. D. Barnes M. D.

1-26-, 191... (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 108 Collins Ave

19-PLACE OF BURIAL OR REMOVAL, Parkwood Cem. DATE OF BURIAL, Jan 29, 1925

20-UNDERTAKER Joseph L. B. Cook ADDRESS 1003 N. Bolton St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

D 94559

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94559

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maternity Hospital St. 19-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederic S Waite

(Residence in Baltimore: No. 1525 W Lombard St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH. October 31st (Month) (Day) 1859 (Year)

7-AGE. 65 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)... Gas & Electric Company

9-BIRTHPLACE. (State or Country). Boston, Mass.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. Schluderberg

(Address) 3111 Tyndale Avenu

15- JAN 27 1925 19.. Robert P. Garrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 26 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) H K Gonce M. D. (Coroner.)

1-27 192 5 (Address) 111 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Jan 28" 1925
20-UNDERTAKER. Jacob B Cook	ADDRESS 603 N Gilmor St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94560

D 94560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Park Heights Ave. 15-3 WARD) REGISTERED NO. 83

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Thomas Flautt

(a) RESIDENCE. No. 4004 Park Heights Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hester A Flautt

6 DATE OF BIRTH (month, day, and year) Dec 21, 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel J. Flautt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Wills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Hester A. Flautt 4004 Park Heights Ave

15 Robert P. Harrison, Registrar

N 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sep 4, 1924, to Jan 25, 1925, that I last saw him alive on Jan 25, 1925, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Softening

(Arteriosclerosis) 6 mos.
(duration)

CONTRIBUTORY (Secondary) Hypostatic Pneumonia 3 da.
(duration) yrs. mos.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) John D. Bubert M. D.

. 19 (Address) 4834 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	1-28 1925

20 UNDERTAKER W. M. Prentiss ADDRESS 2238 W. North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should in-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94561 ✓ D 94561

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Prestman ST. 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Talbott

(a) RESIDENCE No. 2827 Prestman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James F Talbott

6 DATE OF BIRTH (month, day, and year): 4/17/1894

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Butte Md.

PARENTS

10 NAME OF FATHER: Conrad Remmel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs Rolland Hassett

(Address) 2827 Prestman St

15 Filed ..... 19..... Registrar

N 27 1925

Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 29, 1924, to Jan 25, 1925, that I last saw her alive on Jan 24, 1925 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W G Jones, M. D.

1/26, 1925 (Address) 720 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: 1/28/25

20 UNDERTAKER: George J Putty

ADDRESS: 1735 Hufford

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

CERTIFICATE CORRECTED 3-4-52 ✓

D 94562

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94562

CERTIFICATE OF DEATH.

x 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Moore

(a) RESIDENCE NO. Luke, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 41 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lillian Moore

6 DATE OF BIRTH (month, day, and year) Aug 25, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	25	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clarksburg W. Va.

PARENTS

10 NAME OF FATHER (Elmer) Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Laura Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Mrs. Lillian Moore

(Address) Piedmont W. Va

15 Filed JAN 27 1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1924, to Jan 27, 1925.

that I last saw him alive on Jan 27, 1925.

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Pyopneumothorax

(duration) yrs. 1 mos weeks ds.

CONTRIBUTORY (Secondary) Acute pulmonary T.B.

(duration) yrs. mos. 4 wks ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Dec 21, 1924

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical data

(Signed) J. L. Szues M. D.

19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Piedmont, W. Va	1/28/25
20 UNDERTAKER	ADDRESS
Geo J. Burk Sons	1935 Harford

NATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Druid Apts ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Swentzel Robinson

(a) RESIDENCE No. Druid Apts ST., WARD Resident.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 59 yrs. 11 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Furman Robinson

6 DATE OF BIRTH (month, day, and year) Feby 22 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

(c) Name of employer: Self 086

9 BIRTHPLACE (city or town) (State or country): Harford Co. Maryland.

PARENTS

10 NAME OF FATHER: Alphonso Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER: Charlotte Emory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md.

14 Informant: Mrs Carrie F. Robinson (wife) 1403 Druid Park Lake

JAN 27 1925

ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/23 1925 to 1/24 1925

that I last saw him alive on 1/23 1925

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris -

Chronic heart lesion in attacks at intervals during past 18 months - last attack (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. D. Gilbert M. D.

1/27 1925 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Jan 28 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

MAYOR should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94564

CERTIFICATE OF DEATH.

11-27-001

D 94564

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 927 Mt. Cullob St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Winston Kirtley

(Residence in Baltimore: No. 927 Mt. Cullob St., 15 St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	Colored	married

6-DATE OF BIRTH. about ....., 1.8.8.6
(Month) (Day) (Year)

7-AGE. 39 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Alice Kirtley

(Address) 927 Mt. Cullob St.

15- Filed JAN 28 1925 19.. ROBERT S. KRAUTER, Registrar. Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25. 192.5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. J. Hennessy, M. D. (Coroner)

Jan 26 1925 (Address) 408 Fremont Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	1-28-25

20-UNDERTAKER. Dan'l Gordon — ADDRESS 916 E Pratt

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state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94565

CERTIFICATE OF DEATH.

31 D 94565

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 513 Aisquith St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles T. Bunn

(a) Residence No. 513 Aisquith St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wynnie Tyler

6-DATE OF BIRTH (month, day and year) 1878

7-AGE. 47 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Driver

(b) General nature of industry, business, or establishment in which employed (or employer)..... Stuckert & Co.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-(Informant) Letha Sawell

(Address) 513 Aisquith St

15-FILED JAN 28 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 25 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1924 to Jan 25 1925 that I last saw h— alive on Jan 25 1925 and that death occurred, on the date stated above, at 11, 0 Am m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis + Endocarditis

(Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) T B, C.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. L. Layton M. D.

19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, 1-28-25 19....
20-UNDERTAKER Daniel Lewis	ADDRESS 966 Pearl

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94566

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 630 Redwood St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virgil A Carson

(Residence in Baltimore: No. 630 Redwood st St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced (Write the word.): Single

6-DATE OF BIRTH: July 2 (Month) (Day) 1847 (Year)

7-AGE: ....yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Robert H Carson

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Josephine Washington

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Carson

(Address) 630 Redwood St

15- JAN 28 1925 VICTOR R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 5 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cold

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) W. A. Gore Jr. M. D. (Coroner)

1-27 1925 (Address) 111 W. Saratoga

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	1-28-25

20-UNDERTAKER. Denis Kenny

ADDRESS Dear

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

100-001

4-1

STATE

Spec.—1-10-21—M&T—1500 Blks.

D 94567

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94567

CERTIFICATE OF DEATH.

0.65-001

1-PLACE OF DEATH Hebrew Hosp

CITY OF BALTIMORE: (No. H.H. ST., 6-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Caplan

(a) RESIDENCE No. 4 N. Collington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Israel Caplan

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Not Goodgal

11 BIRTHPLACE OF FATHER (city or town) Russia.
(State or country)

12 MAIDEN NAME OF MOTHER Not Goodgal

13 BIRTHPLACE OF MOTHER (city or town) Russia.
(State or country)

14 Informant J. Lewis.
(Address) 1139 E. Balto.

15 Filed JAN 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27/25 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to Jan 27, 1925, that I last saw h[illegible] alive on Jan 27, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary edema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lymphatic Leukemia (Chronic)

Ch. Nephritis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Cem | DATE OF BURIAL 1-28 1925

20 UNDERTAKER J. & P. Lewis, 1139 E. Balto. | ADDRESS

CAUSE OF DEATH should be filled in by physician. PHYSICIANS should State that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D A K

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94568

CERTIFICATE OF DEATH.

101-001 D 94568

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Eastern Ave + 30th ST., 76-7 WARD)

2-FULL NAME Annie M. Zimmerman

(a) RESIDENCE No. Eastern Ave. + 30th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Hiram Zimmerman

6 DATE OF BIRTH (month, day, and year) Apr 15 61

7 AGE Years 63 Months 9 Days 12 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Mamie Bartholow

(Address) Eastern Ave + 30th St.

15 Filed JAN 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1925, to Jan 27, 1925, that I last saw her alive on Jan 26 1925, and that death occurred, on the date stated above, at 1:35 A. m.*

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Jod, M. D.

, 19 (Address) 4704 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 1/29 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94569

CERTIFICATE OF DEATH.

D 94569

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 E. Fairmont Ave ST., 6-3 WARD)

REGISTERED NO. 91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. Leubecker

(a) RESIDENCE NO. 2716 E. Fairmont Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 42 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lena Leubecker

6 DATE OF BIRTH (month, day, and year) Jan 2 59

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Foundry

(c) Name of employer Weiskittle Iron Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Leubecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena Leubecker

(Address) 2716 E Fairmont Av

15 Filed JAN 29 1925 ANGELE A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Jan 26, 1925, that I last saw him alive on Jan 26, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) B O'Kelly M. D.

, 19 (Address) 100 N. Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity	1/29 1925
20 UNDERTAKER Philip Henry	ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94570

CERTIFICATE OF DEATH.

D 94570

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital ST., 11-2 WARD)

2-FULL NAME Annie B. Jordan

(a) RESIDENCE NO. Westminster Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) Wife of Wm F Jordan

6 DATE OF BIRTH (month, day, and year) June 24 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James S Hyatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Minn

12 MAIDEN NAME OF MOTHER Susan Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm F. Jordan (Address) Westminster Md

15 Filed JAN 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1925, to Jan 27, 1925, that I last saw her alive on Jan 27, 1925, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Nephritis & Eclampsia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 24 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. W. Krata, M. D.

, 19 (Address) Md Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Pleasant (Cem.) DATE OF BURIAL 1/30 25

20 UNDERTAKER C. M. Watts ADDRESS Kingsville Md.

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94571

CERTIFICATE OF DEATH.

101-001

D 94571

1-PLACE OF DEATH

City of BALTIMORE: (No. 856 W 37 St St., 13-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Rose Sykes

(a) Residence No. 856 W 37 St St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 27 1877

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER Late James L Sykes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura V Deitz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14- (Informant) Laura V Sykes

(Address) 856 W 37 St

15- JAN 26 1925 1925 Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 19 25 to Jan 26 19 25

that I last saw h.. alive on Jan 26 19 25

and that death occurred, on the date stated above, at 1 AM

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) unsworn M. D.

Jan 27. 1925 (Address) 3429 Chestnut Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Druid Ridge	Jan 29. 1925
20-UNDERTAKER. Chenowith & Son	ADDRESS 3417 Chestnut Ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94572

90 D 94572

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Homestead St ST., 9-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Kehm

(a) RESIDENCE No. 809 Homestead ST ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 5-18-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe Cutter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Muskin Shoe Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Christian Kehm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Annie L. Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Robt M. Kehm
(Address) 1608 N. Durham St.

15 Filed JAN 28 1925 ROBERT R. KRAMER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardial Insufficiency (Valvular)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Wallis, M. D.
(Coroner.)

1-26-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bulls Eem — DATE OF BURIAL Jan 28 1925

20 UNDERTAKER Chenoweth & Son — ADDRESS 17 Chestnut

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44D 94573

1-PLACE OF DEATH

City of BALTIMORE: (No. 2000 N Parsons St., 70-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... George Klein

(a) Residence No... 200 N Parsons St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6-DATE OF BIRTH (month, day and year) Aug 26. 1875

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Retail

(c) Name of employer Schaffer's

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Gust. Klein

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mrs. Krown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Mary Klein

(Address) 200 N Parsons

15- Filed JAN 28 1925 ROBERT R. REAMER Deputy Health Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 27 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to Jan 27, 1925, that I last saw him alive on Jan 26, 1925, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological Exam

(Signed) Wm F Bamberger M. D.

1 27, 1925 (Address) 19 E Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Jan 29 1925

DATE OF BURIAL

20-UNDERTAKER. Wm Cook

ADDRESS 502 E Saratoga

Be sure cause is correctly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 94574

CERTIFICATE OF DEATH.

103 D 94574

REGISTERED NO.

1-PLACE OF DEATH S/S Robin Gray, enroute from

CITY OF BALTIMORE: (No. Boston to Baltimore ST., 21-7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton W. DeWitt.

(a) RESIDENCE No. 612 Woodburn Ave. Govans. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 23, 1923.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	4	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Lester H. DeWitt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont.

12 MAIDEN NAME OF MOTHER Charlotta VanPatten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Lester H. DeWitt. (father)
(Address) 612 Woodburn Ave. Govans.

15 JAN 28 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquir (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) & inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Congestion
Oedema and congestion of the lungs
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt (Coroner), M. D.

Jany. 27, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Jan 28 1925

20 UNDERTAKER Wilkins Cook & Bro E Balto ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

Maria Sciacca

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94575

CERTIFICATE OF DEATH.

D 94575

1-PLACE OF DEATH

City of BALTIMORE: (No. Bay View Hospital, 24-2 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Miss Maria Sciacca

(a) Residence No. 1212 Johnson Av St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 15 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1853

7-AGE. 72 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Italy (State or Country),

PARENTS.

10-NAME OF FATHER, Joe Sciacca

11-BIRTHPLACE OF FATHER (city or town) Italy (State or Country),

12-MAIDEN NAME OF MOTHER, Vincent Sciacca

13-BIRTHPLACE OF MOTHER (city or town) Italy (State or Country),

14- (Informant) Hospital Records

(Address) Bay View Hospital

15- Date received JAN 28 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-26-25

17- I HEREBY CERTIFY, That I attended deceased from 1-14, 1925 to 1-26, 1925

That I last saw h[illegible] alive on 1-26, 1925

and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchial pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jos. P. Campbell Jr. M. D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 29, 1925

20-UNDERTAKER, Frank V. Cipetone — ADDRESS 1802 E. 32nd

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94576

D 94576

CERTIFICATE OF DEATH.

4-1 128

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 N Pearl st. ST., 4-1 WARD)

2-FULL NAME Rosa Pucci

(a) RESIDENCE No. 308 N. Pearl St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/20 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 21

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank Liberto

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Mary Lascola

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant William Bucci
(Address) 308 N Pearl St

JAN 26 1925 ROBERT A. KNOTTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 21st 1925, to Jan 26th 1925, that I last saw her alive on Jan 26th 1925, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

acute nephritis

(duration) yrs. mos 7 da.

CONTRIBUTORY (Secondary) slight cold

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? urinalysis

What test confirmed diagnosis? microscope

(Signed) Chas. Testa M. D.

1-28 1925 (Address) 310 Pearl st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL Jan 29 1925

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94577

CERTIFICATE OF DEATH.

101-001

D 94577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sanitarium Hospital St., No 3 Ward)

2-FULL NAME James Manly

(a) RESIDENCE NO. 538 N Highland Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Manly

6 DATE OF BIRTH (month, day, and year) Nov 4 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	2	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk 009
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER James Manly

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Hannah Fleck

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Fred W. Binnilly
(Address) 412 E Chester St

15 Filed JAN 28 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to Lis death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hundon, M. D.
(Coroner)

Jan 27 1925 (Address) 709 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs., mos., 4 ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
X
Former or usual residence 538 N. Highland Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. DATE OF BURIAL Jan 28 1925

20 UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St

(See statement of OCCUPATION on back of certificate.)

TION is very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94578

CERTIFICATE OF DEATH.

D 94578

REGISTERED NO. 1-2 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 Eastern Ave ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mildred D. Baner

(a) RESIDENCE NO. 2715 Eastern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12, 1909

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
15	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Gustave E. Baner

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Dondorf

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Gustave E. Baner
(Address) 2715 Eastern ave

15 Filed JAN 28 1925, 19 [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1924, to Jan. 26, 1925, that I last saw h[illegible] alive on Jan 24, 1924, and that death occurred, on the date stated above, at 6 45 A. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscope

(Signed) Chas. A. Neer M. D.

1/27/25 (Address) 408 E Pat Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Jan 29, 1925

20 UNDERTAKER: H. Sander Sons

ADDRESS: 1110 E Balt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Stoc—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94579

D 94579

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1425 Brunt St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ellen Handy

(a) Residence No. 1424 Brunt St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov-14, 1887

7-AGE.	If LESS than 1 day.
37 yrs. 2 mos. 10 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shirt Factory

(b) General nature of industry, business, or establishment in which employed (or employer) Operator

(c) Name of employer W. & [illegible]

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Benj. Handy

11-BIRTHPLACE OF FATHER (city or town) Town Neck
(State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Annie M. Butler

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Maryland.

14- (Informant) Annie Handy

(Address) 1424 Brunt

15- Filed JAN 28 1925 ROBT. T. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June-24-1925

17- I HEREBY CERTIFY, That I attended deceased from 1/14 1925 to June-24 1925

that I last saw h[illegible] alive on June-24 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Bookkeeper) Rheumatism

5 years ago

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dan Sowers M. D

1/24, 19 25 (Address) 1211 W Fay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Leverhood	Jan 28 1925

20-UNDERTAKER, Theodore White ADDRESS 113 S Hanover

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94580

CERTIFICATE OF DEATH.

94580

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Hebrew Hospital ST., 6-1 WARD)

2-FULL NAME Baby Boy Gold.

(a) RESIDENCE No. Hebrew Hospital ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Hebrew Hospital Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Abe Gold

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Zaut

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Hosp. Records
(Address)

15 Filed JAN 26 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 19 25

17

I HEREBY CERTIFY, That I attended deceased from 8.20 a.m. 1-23-25, to 6.05 a.m. 19 1-27-25
that I last saw h... alive on 6.05 a.m. 19 1-27
and that death occurred, on the date stated above, at 6.05 a.m.
The CAUSE OF DEATH* was as follows:
Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Atelectasis.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Fiddler Strassheimer M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel 1-29 19 25

DATE OF BURIAL

20 UNDERTAKER Jack Levin

ADDRESS 1439 E. Bal...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94581 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94581

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 E Lund St., 8-2 Ward) 8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F Costello

(a) RESIDENCE No. 1604 E Lund St., Ward 8
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Mrd W

5a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of the late James J Costello

6 DATE OF BIRTH (month, day, and year) June 6-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Dennis Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Costello
(Address) 1604 E Lund

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1925, to Jan 27, 1925,

that I last saw her alive on Jan 27, 1925

and that death occurred, on the date stated above, at 7:04 a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A L Blackwood, M. D.

(Address) 1400 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	May 30 1925
20 UNDERTAKER	ADDRESS
Robt F Kenny	1727 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

D 94582 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. University Hospital St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Davidson L. Hadel

(Residence in Baltimore: No. 1020 S Paca St St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October (Month) 21 (Day) 1913 (Year)

7-AGE, 11 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General natnre of industry, bnsiness, or establishment in which employed (or employer) none

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Davidson L. Hadel

11-BIRTHPLACE OF FATHER, (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Annie E. —

13-BIRTHPLACE OF MOTHER, (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Hadel

(Address) 1020 S. Paca St

15- JAN 28 1925 19.. MURRAY S. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 25 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy ~~or Inquiry.~~) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet Wound in Chest Shot by [illegible] by Inspector Lieberdusky

(Duration) Instantaneous

CONTRIBUTORY (Secondary) Shot as above

(Duration) ....yrs. ....mos. ....ds.

(Signed) H A Bond M. D. (Coroner.)

1925 (Address) 411 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Jan 29 1925
20-UNDERTAKER,	ADDRESS
Oscar Byer	1600 Hollins Ave.

Sec. 1. That it may be properly examined. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 94583

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2747 Fenwick ST.; 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. John A Frank.

(a) RESIDENCE. No. 2747 Fenwick Ave ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Louise Frank

6 DATE OF BIRTH (month, day, and year) Mar 23 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 08 6

(c) Name of employer Sparrows Point Baltimore Md

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizetta Lehman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Louise Frank
(Address) 2747 Fenwick St

Filed JAN 28 1925 ROBERT A. BRAUER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925, to Jan 25, 1925, that I last saw h.. alive on Jan 25, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) General Sclerosis of Paralysis (duration) 16 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. L. Hunneman M. D.

1/27, 1925 (Address) 2268 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/29/25

20 UNDERTAKER Fr. Weber & Son ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

94584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | D 94584

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 S Kenwood Ave. St., 1-3 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Baranowski

(a) RESIDENCE NO. 1118 S Kenwood Ave ST., / WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Martin Baranowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Malenski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Anna Kuchta (Address) 118 S Kenwood Ave

15 Filed ....., 19.... Registrar

JAN 28 1925 ACCEPT H. KRAUSER, Vital Statistic Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22-, 19.... to Jan 27-25, that I last saw him alive on Jan 27-25 and that death occurred, on the date stated above, at 2 15 p m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

..... (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) None

..... (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick W Brosman M. D.

Jan 27 1925 (Address) 912 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Jan 30 1925
20 UNDERTAKER	ADDRESS
Stepley & Galkowski	1000 Hillsdale Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94585

CERTIFICATE OF DEATH.

101-001

D 94585

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Edmondson Ave ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeannie Smith

(a) RESIDENCE No. 826 Edmondson Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	60	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Frederick

(State or country) Md

PARENTS

10 NAME OF FATHER John D Smith

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Lucy A Hedley

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Md

14 Informant Annie E Smith

(Address) 826 Edmondson

15 Filed JAN 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 6, 1925, to Jany 25, 1925.

That I last saw h.er alive on Jany 25, 1925.

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Rovelle M. D.

1/27 1925 (Address) 1621 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Lawn	1/28 1925
20 UNDERTAKER Samuel Hawley	ADDRESS 1700 Gilmor

Spec- 12-23-21—E.B.R.S.—400 Bks.

94586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+74 B 94586

1-PLACE OF DEATH Christ Institution Hospital 10-2 Registered No.....

City of BALTIMORE: (No. 704 Ensor St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patience Byrd

(a) Residence No. 125 Winterris Ave Catonsville Maryland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) ~~Widow~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1845

7-AGE. 80 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER. Mildred Harrison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Mrs Ferguson

(Address) 24 Wales Ave.

15- Filed JAN 28 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 26-25

17- I HEREBY CERTIFY, That I attended deceased from August 11 - 1924 to Jan. 26 - 1925 that I last saw her alive on Jan. 25 - 1925 and that death occurred, on the date stated above, at 12.30A m.

The CAUSE OF DEATH* was as follows:

apoplexy

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Paralysis + Complication

Diseases (Duration) 1 yrs. 6 mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr G W Kennard M. D

1-26 1925 (Address) 708 Ensor St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn — DATE OF BURIAL. 1/29 1925

20-UNDERTAKER. Samuel T Wesley — ADDRESS 576

In plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94587

CERTIFICATE OF DEATH.

D 94587

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Josephs Hosp St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E. Watkins

(a) Residence No. 2304 N. Calvert St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Jenkins

6-DATE OF BIRTH (month, day and year) July 28, 1878

7-AGE. 46 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheet Metal Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER. Joseph E. Watkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Maryland

12-MAIDEN NAME OF MOTHER. Elizabeth Ann Macatee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Mrs. Jane R. Watkins

(Address) 2304 N. Calvert St.

15- Filed JAN 20 1925 [illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/26/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 19 25 to Jan 26 19 25

that I last saw him alive on Jan 26 19 25

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

1a Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

1c. Nephritis (Duration) - Chr. Myo + Endocarditis yr. mos. ds.

18-Where was disease contracted if not at place of death? 2304 N. Calvert

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Evidence

(Signed) Geo B. Lybert M. D

, 19 (Address) St Jos. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cemetery	1/29, 19 25
20-UNDERTAKER. Henry U. Mears & Son	ADDRESS 802 N. Calvert St.

If plain writing, so that it may be properly classified. See instructions on back of certificates. Exact statement of OCCUPATION is very important.

Spec.—I-10-21—M&T—1500 Bks.

D 94588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 94588

1-PLACE OF DEATH Bay View Hospital, Insane Dept. - 1 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Dixon

(a) RESIDENCE No. 1406 Mc Culloh St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) 1845?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	80?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View Hospital
(Address)

15 Filed JAN 28 1925, 19..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8th, 1925, to January 25, 1925,

that I last saw him alive on January 25, 1925

and that death occurred, on the date stated above, at 5.20 P.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
(terminal)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis with cerebral arterio sclerosis.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. E. Adamitt, M. D.

1/26/25 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Woodlawn Cmty — DATE OF BURIAL: 1-29 1925

20 UNDERTAKER Helen A. Holland — ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 94589 HEALTH DEPARTMENT--CITY OF BALTIMORE + 155 D 94589

CERTIFICATE OF DEATH

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 820 Eutaw Place ST. 14-2 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raton L. Slaughter

(Residence in Baltimore: No. Goldsboro N.C. St.: yrs. mos. 5 ds.)

In Baltimore Fire Dept.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 2nd (Day), 1887 (Year)

7-AGE: 37 yrs. 9 mos. 26 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Goldsboro N.C.

PARENTS

10-NAME OF FATHER: John Slaughter

11-BIRTHPLACE OF FATHER (State or country): North Carolina

12-MAIDEN NAME OF MOTHER: Della Dawson Slaughter

13-BIRTHPLACE OF MOTHER (State or country): North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Slaughter

(Address) Goldsboro N.C.

15. Filed JAN 28 1925 ROBERT R. KRAUTER, Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 28 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23rd, 1925, to January 28 1925, that I saw h[illegible] alive on January 28, 1925, and that death occurred, on the date stated above, at 3.30 a m.
The CAUSE OF DEATH* was as follows:

Chronic Tonsinitis

(Duration) 3 or 4 yrs. mos. ds.

Contributory (SECONDARY) Acute Lepto Meningitis

(Duration) yrs. mos. 4 ds.

(Signed) Geo Cohen MD M. D.

Jan 28, 1925 (Address) 1820 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Falling Tombstone Accidental

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 5 ds. | In the State yrs. mos. 5 ds.

Where was disease contracted, if not at place of death? North Carolina

Former or usual residence Goldsboro N.C.

19-PLACE OF BURIAL OR REMOVAL: Goldsboro, N.C. | DATE OF BURIAL: 1/28/1925

20-UNDERTAKER: Isaac Sondheim | ADDRESS 118-20 W. Mt Royal Ave

PLEASE WRITE PLAINLY. PHYSICIANS should STATE THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94590

D 94590

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 High al ST.; 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Butler

(Residence in Baltimore: No. 1229 High al St.; 44 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ OR DIVORCED, (~~Write the word~~) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1877 (Year)

7-AGE, ... 28 ..... yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Alex. Butler

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Rebecca Summerville

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Butler

(Address) 1229 High al

15-

Filed ..... 1925 ..... 191.....

AUGUST R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) ..... 24 (Day), 1925 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1925, to Jan 24 1925, that I saw him alive on Jan 24 1925, and that death occurred, on the date stated above, at 9 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

.....

.....

..... (Duration) 2 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Robert J. Greene M. D.

Jan 27, 1925. (Address) 120 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ashley Cemetery DATE OF BURIAL, Jan 28 1925

20-UNDERTAKER Wm. H. C. Elliott ADDRESS 1722 Eutaw

Please write plainly with pen and ink, as this certificate may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94591

CERTIFICATE OF DEATH.

D 94591

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. Union Memorial Hospital 33rd Court St., 7-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mr. William A. Howar

(a) Residence No. 422 Roland Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-~~Single~~, Married, ~~Widowed or Divorced~~ (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Wm A. Howar

6-DATE OF BIRTH (month, day and year) March 26, 1863.

7-AGE. 61 yrs 10 mos ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore, Md.
(State or Country).

PARENTS.

10-NAME OF FATHER. William A. Howar

11-BIRTHPLACE OF FATHER (city or town). Baltimore, Md.
(State or Country),

12-MAIDEN NAME OF MOTHER. Belinda S. Moore

13-BIRTHPLACE OF MOTHER (city or town). Frederick Co.
(State or Country),

14-

(Informant) Mrs. Wm A. House

(Address) University Apts

JAN 28 1925

Filed 192

ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from January 26, 1925 to January 27, 1925

that I last saw him alive on January 26, 1925

and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

J. K. Corner J. J. Kearney

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Austin Pearre, M. D.

, 19 (Address) Union Mem. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Greenmount	Jan 28 1925
UNDERTAKER. J. J. Jenkins Son Co.	ADDRESS Orchard & Calhoun Sts

In plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94592

CERTIFICATE OF DEATH.

D 94592

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts. ST., 24 WARD) 24-3

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Hynson

(a) RESIDENCE No. 1413 Lamon Street ST., ... WARD .....
(Usual place of abode) Louman St.
Length of residence in city or town where death occurred ... yrs. ... mos. — ds. How long in U. S., if of foreign birth? —yrs. —mos. —ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) [illegible] 24 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter Helper

(b) General nature of industry, business, or establishment in which employed (or employer) Woodwork

(c) Name of employer Lowmiller Co. Balto. Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Thomas M. Hynson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Florence V. Brotherton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs John Hynson

(Address) 1413 Lamon St.

Filed JAN 28 1925 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1925 to Jan. 26, 1925.

that I last saw him alive on Jan. 26, 1925.

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis and Peritonitis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan. 17, 1925

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Anthony V. Bucheus, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL Jan 29, 1925

20 UNDERTAKER Chas. L. Storms

ADDRESS 509 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Kuzma

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94593

CERTIFICATE OF DEATH.

74-001

D 94593

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 620 S Belnord Av St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Kuzma

(a) Residence No. 620 S Belnord St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Michael Kuzma

6-DATE OF BIRTH (month, day and year) 1877

7-AGE. 48 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Slovakia

PARENTS.

10-NAME OF FATHER. Joseph Beres

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Austria

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not known

14- (Informant) Michael Kuzma

(Address) 620 S Belnord Av

15- Filed. JAN 26 1925 PAUL A. KRAUER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 26/25

17- I HEREBY CERTIFY, That I attended deceased from July 25 1924 to Jan 25 1925

that I last saw her alive on Jan 25 1925

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 5 yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical & laboratory

(Signed) M. Alpert M. D.

, 19 (Address) 2250 Eutaw Pl.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal**, or **Homicidal**. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 29 1925
20-UNDERTAKER. Frank Evan Hon	ADDRESS 1906 Eutaw Pl

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94594

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94594

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. Ward) 20-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rhoda Johnson

(a) RESIDENCE NO. 2802 Fredrick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. E. Johnson.

6 DATE OF BIRTH (month, day, and year) May 22-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	51	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John. Gregory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah. Blunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Johnson. (Address) 2802 Fredrick

15 Filed 2 6 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1925, to Jan 27, 1925.

that I last saw her alive on Jan 27, 1925.

and that death occurred, on the date stated above, at 4:20 P.m.

The CAUSE OF DEATH* was as follows:

Bilateral Broncho-Pneumonia

(duration) ~~yr.~~ ~~mon~~ 14 ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

1 hr. (duration) ~~yr.~~ ~~mon.~~ ~~da~~

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? ~~Nature~~ No of.

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Clement P. Mangan M. D.

Jan 27 1925 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 1/29 1925

20 UNDERTAKER J. Fenw. McCully

ADDRESS 130 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94595 1775

HEALTH DEPARTMENT—CITY OF BALTIMORE D 94595

CERTIFICATE OF DEATH. + 49

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Wilkins

(a) RESIDENCE NO. Frogmore, S.C. ST., ... WARD FROGMORE, S.C.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... m. 26 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) England

PARENTS

10 NAME OF FATHER Jacob Wilkins

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) England

12 MAIDEN NAME OF MOTHER Mary Mainwell

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) England

14 Informant Friends
(Address) JOHNS HOPKINS HOSPITAL

28 1925 Robert P. Harrison, Registrar

Via Penn. R.R. - Escort - D. T. JEVONS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 28, 1925, that I last saw him alive on Jan 28, 1925, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 1 yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? no

What test confirmed diagnosis? Cystoscopy

(Signed) Eugene C. Grant, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Beaufort, S.C.	1/29 1925
20 UNDERTAKER H. W. Means & Son	ADDRESS 805 N. Calvert St

Spec.—1-10-21—M&T—1500 Blks.

D 94596

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 South Milton av ST., 1-3 WARD)

REGISTERED NO. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence Wiley

(a) RESIDENCE NO. 819 South Milton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year) Dec 23, 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER John Robert Wiley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Helen Malinoski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John Robert Wiley

(Address): 819 S. Milton av

15 28 7325 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1925, to Jan 27th, 1925, that I last saw h alive on Jan 26th, 1925, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Bronchitis

(Primary)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L. Weiner, M. D.

1-28, 1925 (Address) 30 S. Bl'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Saint Stanalus Cemetery	1/29/1925
20 UNDERTAKER: John A. Moran	ADDRESS: 3000 E. Balto St.

TION is very important. See instructions on back of certificates.

D 94597

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94597

CERTIFICATE OF DEATH.

74-061

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1225 Mt. Royal Avenue St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacques S. Funk

(Residence in Baltimore: No. 1225 Mt. Royal Avenue St.; yrs. unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. abt 1862
(Month) (Day) (Year)

7-AGE. abt. 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

9-BIRTHPLACE. (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard W. Cook

(Address) 11 E. Lexington Street

15-

Filed JAN 26 1925 Robert P. Harrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D.
(Coroner.)

Jan. 27 1925 (Address) 802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Jan 29 1925

20-UNDERTAKER. Joseph B Gohl ADDRESS 1000 W. Fa

Is very important. See instructions on back of certificate.

D 94598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 38

D 94598

1-PLACE OF DEATH

City of BALTIMORE: (No. 1713 N. Calhoun St. Ward) 15-13

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Thompson

(Residence in Baltimore: No. 1713 N. Calhoun St. St.; yrs. 37 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	widower

6-DATE OF BIRTH. about 1888
(Month) (Day) (Year)

7-AGE. 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: automobile
(b) General nature of industry, business, or establishment in which employed (or employer): mechanic

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Joshua Thompson

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Katie Garrett

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Whitting Thompson

(Address) 1817 Division St

15-

Filed ..... 192.....

Robert P. Morrison, Registrar.

~~28 1925 Burial Permit Clerk.~~

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Jan. 27 1925 (Address) 802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	1-29 1925

20-UNDERTAKER. Roger A Gibson ADDRESS 1735 Orems Ave

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 94599

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-003 D 94599

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 South ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Boyd

(a) RESIDENCE No. 633 South ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1st, 1844

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Alice Bailey

(Address) 633 South St

Filed 28 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1925, to Jan. 27th 1925.

that I last saw h— alive on Jan 26th, 1925; and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Influenza of old age

Myocarditis, Chronic

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Ben Ellis, M. D.

19 (Address) 624 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	1/30/1925
20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill Ave

TION is very important. See Instructions on back of certificates. Exact statement of OCCUPA-

D 94600

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94600

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. West Balto. Gen. Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Youse

(Residence in Baltimore: No. 1826 Presstman St. St.; yrs. 50 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	widow

6-DATE OF BIRTH. about 1845
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
80 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Harry Wert

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Don't Know

13-BIRTHPLACE OF MOTHER, (State or Country) Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Roth. De Loan

(Address) 1824 Presstman St

15- Robert P. Harrison,

Filed ..... 192 ..... Burial Permit Clerk. Registrar.

29 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said enquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Fracture of wrist (accidental) (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

Jan. 29 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 1/29 25

20-UNDERTAKER. George A. Fuchs ADDRESS Fulton & Lanvale

IF VERY IMPORTANT. See instructions on back of certificate.

FILMED

Spec.—1-10-21—M&T—1500 Bks.

D 94601 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 Evergreen Ave, Hamilton ST., 27 WARD)

REGISTERED NO. 27-1176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Catherine Barnes

(a) RESIDENCE No. 19 Evergreen Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND OF~~
(or) WIFE of Edmund L. Barnes

6 DATE OF BIRTH (month, day, and year) June 8, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Mowell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Milles

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Harry Barnes
(Address) Homewood Apts.

15 Robert P. Harrison, Registrar

28 1325

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26. 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1925, to Jan 26, 1925, that I last saw ~~him~~ her alive on Jan 26, 1925, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertrophia Cardiorum

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Seaylem, M. D.

1-28 1925 (Address) R.F.D. Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Jan. 29. 25

20 UNDERTAKER W. F. & E. Leyhe ADDRESS 424 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

U.S. AFTER YEARS

D 94602

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94602

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 850 Raborg st St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Payne

(Residence in Baltimore: No. 850 Raborg st St; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) — (Day) 1876 (Year)

7-AGE, 48 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Austin Payne

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Mary Ann Scott

13-BIRTHPLACE OF MOTHER, (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Ennis

(Address) 850 Raborg St

JAN 29 1925 Filed 19.. ROBERT R. KRAUTER, Registrar.

Social Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) yrs. Don't Know mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) H K Gorman (Coroner) M. D.

1128 1925 (Address) 11 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 29 19 25

20-UNDERTAKER, Franklin W Seitz — ADDRESS 709 W 3[illegible]

Is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94603 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94603

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital — 15-34 — Registered No.....

City of BALTIMORE: (No. Calvert and 33rd St St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvin F. Witmer

(a) Residence No. 3607 Garrison Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 29, 1925

7-AGE. 14 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School-boy Student
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9-BIRTHPLACE (city or town) (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, A. S. Witmer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New York

12-MAIDEN NAME OF MOTHER, Marguerite Alexander

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Delaware

11- (Informant) Wm Witmer

(Address) 3607 Garrison Ave

JAN 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 29 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1925 to Jan 29 1925 that I last saw him alive on Jan 29 1925 and that death occurred, on the date stated above, at 1.50 Am.

The CAUSE OF DEATH* was as follows:

Meningitis (Meningococcus?)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute ear

(Duration) yrs. mos. 24 ds.

18-Where was disease contracted if not at place of death? 3607 Garrison Ave

Did an operation precede death? Yes Date of Jan 27, 1925

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Donald Chandler M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Wilmington Del — DATE OF BURIAL. 1/31 1925

20-UNDERTAKER, W. J. Jackson & Sons — ADDRESS Penna Ave

instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94604

CERTIFICATE OF DEATH.

181-001

D 94604

(PLACE OF DEATH

CITY OF BALTIMORE (No. 1) Mercy Hosp ST. 11-3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenie Hall

(Residence in Baltimore: No. 21 E. Centre St. yrs. mos. da.)

Important. See instructions on back of certificate. Correct statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... da. If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), X

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mildred Duvall

(Address) 21 E. Centre St.

15 JAN 29 1925 Filed ..... 19..... AUGUST R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 28 ....., 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon monoxide poisoning (Illuminating Gas under Coffin pot) accidental

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... M. D. (Coroner)

Jan 29 1925 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Paul Cem	Jan 29 1925
20-UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94605

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 21 E. Center St.: 11-3 WARD) 181-00

2-FULL NAME Cornelia Hall

(Residence in Baltimore: No. 21 E. Center St.: yrs. mos. ds.)

CERTIFICATE OF DEATH.

D 94605

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mildred Duvall

(Address) 21 E. Center St

15-

Filed JAN 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon monoxide burning from an open coal pot.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Jan 29, 1925 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul Cem. DATE OF BURIAL, Jan 29 1925

20-UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94606

CERTIFICATE OF DEATH.

90 D 94606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Forest Road ST., 37-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne Stowe Perot

(a) RESIDENCE NO. 410 Forest Road ST., 27 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 69 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6 DATE OF BIRTH (month, day, and year) Sept-1-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Georgetown
(State or country) South America

PARENTS

10 NAME OF FATHER Wm. Henry Perot

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bermuda

12 MAIDEN NAME OF MOTHER Ann Wood

13 BIRTHPLACE OF MOTHER (city or town) Quebec
(State or country) Canada

14 Informant Mrs Ellen S. Perot (Sister)
(Address) 410 Forest Road City

15 Filed JAN 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1925, to Jan 26, 1925, that I last saw her alive on Jan 26, 1925, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Bronchitis
Coma of the Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. F. Keating, M. D.

(Address) 5835 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan 29, 25

20 UNDERTAKER STERLING & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 12-4 St., ... Ward) Registered No. D 94607

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Robinson

(a) Residence No. 2956 Freemont Ave St., Baltimore, Maryland
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6-DATE OF BIRTH (month, day and year) March 14, 1920

7-AGE. 4 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS:

10-NAME OF FATHER, Daniel O. Robinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mabel Getty

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

11-(Informant) Father

(Address) 2956 Freemont Ave

13-

Filed JAN 23 1925 ALICE R. KRAUSE Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-29-25

17-I HEREBY CERTIFY, That I attended deceased from January 14 1925 to January 29 1925

that I last saw h.. alive on January 29 1925

and that death occurred, on the date stated above, at 12:05 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture Tubercle

(Signed) Edwin B. Jaretzki M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL, Jan 31, 1925

20-UNDERTAKER Tom Cook — ADDRESS 502 E North Ave

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

1205 N. Charles St. Dr. Seuge

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94608

CERTIFICATE OF DEATH.

3 D 94608

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 325 N. Eutaw St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Clarence Kelly

(a) Residence No. 325 N. Eutaw St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ina Pearl Kelly

6-DATE OF BIRTH (month, day and year) June 8/1887

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Brewers Sales Co

9-BIRTHPLACE (city or town), (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Kelly

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER, Virginia Dugan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) Ina Pearl Kelly

(Address) 325 N. Eutaw St

15- Date JAN 29 1925 JOSEPH N. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 28 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1924 to Jan 28 1925

that I last saw h alive on Jan 27 1925

and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia of Pulmonary Tb. (Duration) yrs. 5 mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam. Hist & Sputum

(Signed) Edw. Pearre M. D.

Jan 29, 1925 (Address) 1203 N Chas St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, Jan 31 1925

20-UNDERTAKER, Williamson & Nattans ADDRESS

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94609

CERTIFICATE OF DEATH.

101-001 D 94609

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S Woodyear ST., 19-2 WARD)

2-FULL NAME Peter Mrovichris

(a) RESIDENCE No. 215 S Woodyear ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22/1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Alex Mrovichris

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Serbia

12 MAIDEN NAME OF MOTHER Mendie Alabar

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lesbos

14 Informant Alex Mrovichris
(Address) 215 S Woodyear St

15 Filed JAN 29 1925 ALBERT S. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 24 .1925. to Jan 27 .1925.
that I last saw him alive on Jan 27 .1925.
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred C Jewett, M. D.
. 19 (Address) 2476 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 29th 19 25
20 UNDERTAKER A. Jones	ADDRESS 111 S. Gilmor St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 D 94610

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 30 N. Eden Street St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Shuman

(a) Residence No. 30 N. Eden Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mathias Shuman

6-DATE OF BIRTH (month, day and year)

7-AGE 72 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nikolai Evgenoff

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Mildred

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Nathan Shuman

(Address) 30 N. Eden St.

15- Filed JAN 29 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 29 25

17- I HEREBY CERTIFY, That I attended deceased from 1922, 19 23 to Jan 28 19 25

that I last saw h[illegible] alive on Jan 28 19 25

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Hypertension

Diabetes

Renal

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 3/4 dys.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hemiplegia

(Signed) Frank J. Smith M. D.

Jan. 29, 1925 (Address) 922 N. Eden St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Dearen Rosedale — DATE OF BURIAL, Jan 29 19 25

20-UNDERTAKER, Jack Lewis — ADDRESS 1334 E. Baltimore St

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 94611

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 713 S. Broadway St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolie Milliman

(a) Residence No. 713 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joel Milliman

6-DATE OF BIRTH (month, day and year) Unknown.

7-AGE.	If LESS than 1 day.
72 yrs. — mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Rosenberg

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Frana

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Joel Milliman

(Address) 713 S. Broadway

15- JAN 29 1925 ROBERT A. KRAUTER, Local Registrar.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 28-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan-21, 1925 to Jan 28, 1925 that I last saw her alive on Jan-28, 1925 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis - (Evidence of Decompensation)

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) Arteriosclerosis -

years - (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? — Home —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? No Test - Clinical Observation

(Signed) Joseph William Pietzsch, M. D.

, 19 (Address) 910 Brooks Lane

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Between Friendship Cem	1/30, 19 25
20-UNDERTAKER,	ADDRESS
Leo Laurie	1403 E Balto St.

Cor.—1-12-23—M&T—100 Bks.

D 94612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94612

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Emory Clark

(a) RESIDENCE NO. 1108 Homewood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May F. Clark

6 DATE OF BIRTH (month, day, and year) Jan 14-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	0	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Floor Layer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co

PARENTS

10 NAME OF FATHER Noah A. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A.Co

12 MAIDEN NAME OF MOTHER Lacinia Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A Co

14 Informant May F. Clark
(Address) 1108 Homewood Ave

15 Filed JAN 29 1925 ADOLPH A. KRAUTER, Registrar
Bureau of Vital Statistics

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Valvular)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Butler, M. D.
(Coroner.)

1-29-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Cem. A.A.Co Md

DATE OF BURIAL Jan 29 1925

UNDERTAKER Wm J. Ficknen & Son

ADDRESS N Y Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94613 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94613

CERTIFICATE OF DEATH. 5-N 129

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 639 Ensor St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Sullivan Sr.

(a) Residence No. 639 Ensor St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Sullivan

6-DATE OF BIRTH (month, day and year) Feby 21st 1865

7-AGE.	If LESS than 1 day,
59 yrs. 11 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 45
(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS:
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md
12-MAIDEN NAME OF MOTHER, Unknown
13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14-(Informant) Elizabeth Sullivan
(Address) 639 Ensor St

15-JAN 29 1925 192 ROBERT B. KRAUTER Registrar.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 28-25

17-I HEREBY CERTIFY, That I attended deceased from September 19 1923 to Jan. 28 1925 that I last saw him alive on Jan. 28, 1925 and that death occurred, on the date stated above, at 10.40 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy
Chronic Interstitial Nephritis
(Duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
Complications Disease (Duration) 1 yrs. 5 mos. ds.

18-Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Dr. G. Wiessard M. D.
1-28 1925 (Address) 708 Ensor St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Trinity Lutheran Cem	Jan 30th 1925
20-UNDERTAKER.	ADDRESS
George Schillings Sons	1126 E Monument St

Spec.—1-10-21—M&T—1500 Blks.

Addison J. Brooks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94614

CERTIFICATE OF DEATH.

44 D 94614

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Lafayette Ave. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addison J. Brooks

(a) RESIDENCE NO. 315 Lafayette Ave. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Color'd	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie A. Brooks

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Russ Bros. Balto.

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Henry Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Eunice Matthews (Address) 315 Lafayette Ave

15 Filed JAN 29 1925 MORLEY R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27 1925 to Jan. 27 1925

that I last saw h alive on Jan. 27 1925

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Fenn Elliott, M. D.

(Address) 824 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Jan 29 1925

20 UNDERTAKER Mrs R A Elliott ADDRESS 1725 Ashland Ave

FROM is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94615

CERTIFICATE OF DEATH.

D 94615 1-NUMBER OF DEATH

REGISTERED NO. 101

CITY OF BALTIMORE: (No. 4407 Kathland Av ST. 28-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward S. Brittain

(a) RESIDENCE No. 4407 Kathland Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ruth R. Brittain

6 DATE OF BIRTH (month, day, and year) Dec 8-1889

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer) State Fort Comm

(c) Name of employer Commission

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Saml L. Brittain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Ida Lusk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ruth R. Brittain

(Address) 4407 Kathland Av

15 Filed JAN 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 1925. to Jan 28 1925.

that I last saw him alive on Jan 27 1925.

and that death occurred, on the date stated above, at 1a.m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia-Lobar R.U.L. (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Oliver Murray, M. D.

, 19 (Address) 1517 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Jan. 30 1925

20 UNDERTAKER Chas. E. Franck for Madison

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94616

REGISTERED NO. 9-457

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 806 E. 22nd ST., (WARD) 9-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Rauch

(a) RESIDENCE NO. 806 E 22 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth A Rauch

6 DATE OF BIRTH (month, day, and year) March 2 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Colonial Trust Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Rauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. J. Rauch

(Address) 2846 Guilford Av

Filed JAN 29 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1925, to Jan 28, 1925.

that I last saw him alive on Jan 28, 1925.

and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos H Mowry M. D.

Jan 29 1925 (Address) 1107 Lexington Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 31 1925

20 UNDERTAKER Chas. E. Franck & Son ADDRESS 502 Madison Av

THIS IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94617

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94617

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1035 N. Gary St. 16-6 12 9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Gaines

(a) RESIDENCE. No. 1035 N Gary St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex Co. Va.

PARENTS

10 NAME OF FATHER Ira Gaines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Hattie Reed
(Address) 1035 N. Gary St

15 Filed JAN 29 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1925 to Jan 27, 1925 that I last saw h sin alive on Jan. 26, 1925 and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Thompson M. D.

, 19 (Address) 1014 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemtery	Jan 30 1925
20 UNDERTAKER Mrs Jas H. Dennis Rev T. E. Kelson	ADDRESS 1303 Preastman St

Back of certificates. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94618

CERTIFICATE OF DEATH.

D 94618

1-PLACE OF DEATH

City of BALTIMORE: (No. 4103 Fernhill Ave St., 15-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Charles G. Barnstein

(a) Residence No. 4103 Fernhill Road St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Krauss Barnstein

6-DATE OF BIRTH (month, day and year) June 30 1856

7-AGE, 68 yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Accountant

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Solomon Barnstein

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Ida Blankenheimer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mrs. H. Blond

(Address) 4103 Fernhill Ave

15- JAN 29 1925 ROBERT S. KRAUTER, Registrar.

BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jany. 28/1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 25, 1925, to Jan 28, 1925, that I last saw him alive on Jan 27, 1925, and that death occurred, on the date stated above, at 9a m. The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. Frederick Lentz, M. D.

1-29, 1925 (Address) 2040 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Balto Hebrew DATE OF BURIAL, Jany 30, 1925

20-UNDERTAKER, Sard Sondheim ADDRESS 1110 Druid Hill Ave. Bond St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94619

HEALTH DEPARTMENT—CITY OF BALTIMORE

V-001

118 D 94619

CERTIFICATE OF DEATH

1-PLACE OF DEATH Bay View Hospital

City of BALTIMORE: (No. Bay View Asylum St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Hoffmard

(a) Residence No. 520 Stricker Street St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	white	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1850

7-AGE. 75 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter (Hotel)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Maryland

PARENTS.

10-NAME OF FATHER Nicholas Hoffmard

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Elizabeth (Unknown)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) Hospital Records (Address) Bay View Hospital

15- (Registrar) JAN 29 1925 BELLE L. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-28-25

17- I HEREBY CERTIFY, That I attended deceased from 1-28- 1925 to 1-28 1925

that I last saw him alive on 1-28 1925

and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Strangulated Scrotal Hernia - Sac containing gangrenous Intestines

(a) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Shock Operation (Duration) ....yrs. ....mos. 2 hrs.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-28-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Laboratory

(Signed) Jos. F. Champe M.D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. †See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Olivet	Jan 31st 1925

20-UNDERTAKER. John J. Stabb ADDRESS 1200 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

D 94620

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94620

CERTIFICATE OF DEATH.

21-238

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hospital ST., WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Broer. PFORR.

(a) RESIDENCE NO. 1204 Carroll ST., 21 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widower

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Eva L. Pfor

6 DATE OF BIRTH (month, day, and year) Feb 22 1867

7 AGE: 58 (Years) (Months) (Days) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John Pfor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs J. Carl Duty

(Address) 1204 Carroll St

15 Filed JAN 29 1925, 19

Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1925, to Jan 28, 1925, that I last saw h[illegible] alive on Jan 28, 1925, and that death occurred, on the date stated above, at 2 p 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopic examination of Sputum

(Signed) Manuel G Fiehne, M. D.

, 19 (Address) 920 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 1/31/25

20 UNDERTAKER: Geo Lembach & Son — ADDRESS: 1471 N Caroll St

IMPORTANT. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94621

CERTIFICATE OF DEATH.

D 94621

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Belmont Av ST. 16-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wisner

(a) RESIDENCE. No. 2820 Belmont Av ST.... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day 18 hrs. or ..... min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Allen V. Wisner

11 BIRTHPLACE OF FATHER (city or town) Neb. (State or country)

12 MAIDEN NAME OF MOTHER Beryl. G Wisner

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Allen V. Wisner

(Address) 2820 Belmont Av

15 Filed ... [illegible] KRAUTER, Registrar,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 . 1925 . to Jan 28 . 1925.

that I last saw h[illegible] alive on Jan 27 . 1925.

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Premature birth at (5 mos 3 wks) (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY —
(Secondary)

.....(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. C. Conser M. D.

1-28-25 . 19 (Address) 1101 N. Fullerton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	JAN 29 192

20 UNDERTAKER [illegible] Health.

Per. Wm. E. McCall

ADDRESS

...ION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117

D 94622

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen'l Hospl. 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MRS. OLIVE ANNETTA LINDEMORE

(a) RESIDENCE NO 1607 N. MILTON AVE. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. HARRY LINDEMORE.

6 DATE OF BIRTH (month, day, and year) APRIL 28, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) FAIRBANK MD.

PARENTS

10 NAME OF FATHER JAMES W DOBSON

11 BIRTHPLACE OF FATHER (city or town) (State or country) CRISFIELD MARYLAND

12 MAIDEN NAME OF MOTHER ANNIE HARRISON

13 BIRTHPLACE OF MOTHER (city or town) (State or country) FAIRBANK MD.

14 Informant J. HARRY LINDEMORE. (Address) 1607 N. Milton Ave.

15 Filed . 19 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 28 1925

17 I HEREBY CERTIFY, That I attended deceased from JAN 8 , 1925, to JAN 28 , 1925, that I last saw her alive on JAN 28 , 1925 and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

CHRONIC APPENDICITIS

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) GEN. PERITONITIS

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? YES. Date of JAN 9/25

Was there an autopsy? YES.

What test confirmed diagnosis? AUTOPSY.

(Signed) J. H. Peterman, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairbanks Talbot Co. Md.	Jan 19 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eutaw St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94623

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

14-90

D 94623 Registered No.

City of BALTIMORE: (No. 139 Mosher St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E. McCann

(a) Residence No. 139 Mosher St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William V. McCann

6-DATE OF BIRTH (month, day and year) March 19, 1849

7-AGE, 75 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) York
(State or Country) Pa.

PARENTS.

10-NAME OF FATHER, Anthony Bien

11-BIRTHPLACE OF FATHER (city or town) Bavaria
(State or Country) Germany

12-MAIDEN NAME OF MOTHER, Catherine Eich

13-BIRTHPLACE OF MOTHER (city or town) Bavaria
(State or Country) Germany

14- (Informant) Miss Clara E. McCann

(Address) 139 Mosher St.

15- JAN 29 1925 [illegible] Registrar.

Bullet Form Co. [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/27/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924 to Jan. 27, 1925

that I last saw her alive on Jan 27, 1925

and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Chr. Myocardial Insufficiency,
Chronic Bronchitis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chron. Arterio Sclerosis

(Duration) yrs. -- mos. -- ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll Lockard M. D.

Jan 28, 1925 (Address) 4 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	1/30, 1925

20-UNDERTAKER.	ADDRESS
Henry U. Myers & Son	805 N. Calvert St.

Spec- 12-23-21- E.B.R.S.—400 Bks.

D 94624

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hosp St., 10-129 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Bourbon

(a) Residence No. 1200 Homewood Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherin Bourbon

6-DATE OF BIRTH (month, day and year): Feb 25-1860

7-AGE: 64 yrs. 11 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Penn

(b) General nature of Industry, business, or establishment in which employed (or employer): Gourd

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): New York

PARENTS.

10-NAME OF FATHER: Claude Bourbon

11-BIRTHPLACE OF FATHER (city or town) (State or Country): France

12-MAIDEN NAME OF MOTHER: Mary Madigan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant) Catherine Bourbon

(Address) 1200 Homewood ave

15- JAN 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 28/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925 to Jan 28 1925

that I last saw him alive on Jan 28 1925

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Myocard Insuff.

Uremia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

Chr. Nephritis (Duration) Bilat Inf Uremia yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Hernia Date of Jan 19/25

Was there an autopsy? no.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo B Stylert, M. D.

, 19 (Address) St Jos. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral DATE OF BURIAL: Jan 31, 1925

20-UNDERTAKER: H. C. Wiedefeld ADDRESS: 914 Greenmt Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94625

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94625

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Beech Ave, ST. 13-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A.Hanna,

(a) RESIDENCE. No. 3622 Beech Ave, ST.... WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank M.Hanna,

6 DATE OF BIRTH (month, day, and year) October 15.1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Mahle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ~~Not Known~~ Margaret Schurr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank M.Hanna,

(Address) 3622 Beech Ave.

15 Filed JAN 29 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1920, to Jan 28, 1925, that I last saw h.. alive on Jan 27, 1925, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Pancreas

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date May 21 24

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm B Lemmon, M. D.

JAN 28 1925, 19 (Address) 714 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Lorraine

DATE OF BURIAL JAN 31 1925, 19

20 UNDERTAKER Geo W Little

ADDRESS [illegible] GOUGON AVE.

Note carefully important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

(Joseph Todd)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94626

CERTIFICATE OF DEATH.

D 94626

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5346 W Fay. ST., 27=1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jos H. Todd.

(a) RESIDENCE NO. 5346 W Fay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 29 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	45	9	2	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer 304 Same

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Andrew Todd

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country) U.S.A.

12 MAIDEN NAME OF MOTHER Clara Dursey

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Hannah Todd
(Address) Wife

15 FILED JAN 29 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1924, to Jan 27, 1925, that I last saw him alive on Jan 27, 1925, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

(Pneumonia Lobar)

(duration) yrs. 1 mos 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) C. Fitzsimmons M. D.

Jan 28 1925 (Address) 713 S Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Jan 30 1925

20 UNDERTAKER Jas W Case & Son ADDRESS 140 Mosher

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 94627

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94627

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] Maryland Ave. ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip B. Ford

(a) RESIDENCE NO. Reisterstown, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 10, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Springfield, Mass.

PARENTS

10 NAME OF FATHER William Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Linda Rau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. E. B. Constantine (mother)

(Address) Reisterstown

29 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925 to Jan 29, 1925

that I last saw him alive on Jan 29, 1925

and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Left ventricular endocarditis and bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebro Spinal Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of Jan 27, 25

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery Balto. Co. Md.	Feb. 1, 1925
20 UNDERTAKER	ADDRESS
Wm. Perry Mary & Son	Reisterstown

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 94628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-D 94628

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Linden Av. ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Smith

(a) RESIDENCE NO. 912 Linden Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1905-

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) General work

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Robert Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lizzie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant John Walker

(Address) 912 Linden Av.

15 Filed ....., 19 .....

Robert F. Harrison, Registrar

Burial Permit Clerk.

29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28- 1925-

17

I HEREBY CERTIFY, That I attended deceased from Jan, 20 ,1925- to Jan. 28- ,1925-

that I last saw h[illegible] alive on Jan. 27- ,1925-,

and that death occurred, on the date stated above, at 9 9. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas. L. McCarthy M. D.

, 19 (Address) 2402 Edmondson Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Culpepper Va

DATE OF BURIAL 1/30 1925

20 UNDERTAKER Samuel Easton

ADDRESS 916 Pa Av

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94629

D 94629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 N. Vincent ST.: 15-13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abahana Johnson

(a) RESIDENCE. No. 1433 N. Vincent ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	6	15.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Jos. H. Johnson 1722 N. Centre St.

15 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1925, to Jan 27, 1925, that I last saw h[illegible] alive on Jan 27, 1925, and that death occurred, on the date stated above, at 9.50 A.M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis (duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Cured (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Regular

(Signed) F. E. Krink, M. D.

Jan 28-25 (Address) North Ave & Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Garrison Forrest	1/30 1925
20 UNDERTAKER	ADDRESS
Harris Easton	456 Pa Ave

TION is very important. See instructions on back of certificates.

Size—12-23-21—E.B.R.S.—400 Blks.

D 94630

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94630

CERTIFICATE OF DEATH.

5-11-002

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Hubbard alley rear of 519 N. Central St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dodd

(a) Residence No. Hubbard alley rear of 519 N. Central St., Ward (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown 25

7-AGE. 40 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work, Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) 074
(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (city or town). (State or Country), Unknown
12-MAIDEN NAME OF MOTHER, Unknown
13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Unknown

14- (Informant) relative Dodd
(Address) 674 Hubbart alley

15- Robert P. Harrison
Registrar.

29 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 27 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1925 to Jan 27 1925
that I last saw him alive on Jan 27 1925
and that death occurred, on the date stated above, at 11 p.m.
The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Burns M. D.

1-28-25 (Address) 2019 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid cemetery — DATE OF BURIAL. Jan 30, 1925

20-UNDERTAKER. Edward Bryan — ADDRESS 631 Orleans St

POST

D 9463I

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9463I

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 622 William St. 207 W Franklin St. 4 - 2 Ward) 90

3 Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Wm Wm Post

(Residence in Baltimore: No. 207 W Franklin St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Dont Know

6-DATE OF BIRTH. Dont Know, 1.....
(Month) (Day) (Year)

7-AGE. 65 about yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Dont Known
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Dont Know

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) None

(Address)

Jan 29 1925 Filed

Robert P. Harrison, M.D.
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 14 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Disease of the Heart

Dont Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H B Jones M. D.
(Coroner.)

Jan 21 192 5. (Address) 1127 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
HOPKINS HOSPITAL	19
20-UNDERTAKER. Undertaker Health.	ADDRESS JAN 29 1925

0121 THE MORGUE.

(Typing)

D 94632

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94632

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 662 W. Fayette St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Richard Irvin

(Residence in Baltimore: No. 662 W. Fayette St.; yrs..... mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Divorced

6-DATE OF BIRTH. Don't Know (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
45 yrs. above mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Don't Know
(b) General nature of industry, business, or establishment in which employed (or employer)..... 89

9-BIRTHPLACE, (State or Country), Don't Know

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... None

(Address).....

15- Robert P. Harrison

Filed Jan 29 1925 19.. Burial Permit cleared

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Inhalation

a few hours

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Accidental

(Duration)..... yrs. mos. ds.

(Signed)..... M. D.
(Coroner)

1-27-1925 (Address) 112 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	..... 19..

20-UNDERTAKER.	ADDRESS
Com'r of Health	JAN 29 1925

01:20 PM MORGUE.

D 94633

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 4-3 WARD) 1925 REGISTERED No. C

2-FULL NAME Samson Percella

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Autumn St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	S

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. ..... mos. ..... da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... 9 .....
(b) General nature of industry, business, or establishment in which employed (or employer) 87

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Father Unk

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-
Filed JAN 29 1925, 191.....
Robert P. Harrison, Registrar.
Burial Permit Clerk.

THE MORGUE. 0119

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 17 ....., 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Due to Chill .....
..... Was ill 1 day only .....
..... (Duration) ..... yrs. ..... mos. ..... da.
CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
..... (Duration) ..... yrs. ..... mos. ..... da.
(Signed) ..... (Coroner.) ..... M. D.
Jan 25 1925 (Address) ..... 1037 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL
DATE OF BURIAL, ..., 19....

20-UNDERTAKER ..... Baltimore Health Dept.
ADDRESS JAN 29 1925

Spec—12-23-21—E.B.P.S.—400 Bks.

Brown
1315 Light St

D 94634

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94634

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1615 Light St., 24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara V. League

(a) Residence No. 1615 Light St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. H. League

6-DATE OF BIRTH (month, day and year) June 8-1857

7-AGE.	If LESS than 1 day.
67 yrs. 7 mos. 20 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.
10-NAME OF FATHER, James Lemon
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bacto Md
12-MAIDEN NAME OF MOTHER, unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-
(Informant) Alice Bailey
(Address) 1615 Light St

15-
Robert P. Harrison,
Registrar.
29 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 28 25

17- I HEREBY CERTIFY, That I attended deceased from 12-13 24 to 1-28 1925
that I last saw her alive on 1-28 1925
and that death occurred, on the date stated above, at 9 10 m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) yrs. 1 mos. 15 ds.
CONTRIBUTORY (secondary) Chronic interstitial nephritis with hypertension not known (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical sign
(Signed) James Brown M. D
, 19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	1/31, 1925
20-UNDERTAKER	ADDRESS
Wm Cook	502 E Mt Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

D 94635

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94635

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1005 Falls Road ST., 13-4 WARD)

2-FULL NAME Charles A. Bell

(a) RESIDENCE NO. 1005 Falls Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Bell

6 DATE OF BIRTH (month, day, and year) April 27-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER Cecil Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER — Corbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Fannie Bell

(Address) 1005 Falls Road

15 Filed ..... 19 Robert P. Harrison

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1924. to Jan. 27, 1925.

that I last saw him alive on Jan. 26, 1925.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis, Endocarditis

(duration) Uncertain yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Frank H. Mason, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sater's Balto. Co. Md

DATE OF BURIAL Jan. 30 1925

20 UNDERTAKER Horace H. Burgee

ADDRESS 363 Falls Rd.

FROM FAMILY information. See instructions on back of certificate.

FILM

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94636

CERTIFICATE OF DEATH.

11-00 D 94636

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1511 Union Ave. ST., 13-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Evans

(a) RESIDENCE NO. 1511 Union Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Evans

6 DATE OF BIRTH (month, day, and year) May 6-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

PARENTS

10 NAME OF FATHER Andrew Shaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sallie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John H. Evans (Address) 1511 Union Ave.

15 Filed ..... 19 ..... Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26th 1923 to Jan 29th 1925 that I last saw her alive on Jan 29th 1925 and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Arthritis Deformans

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) I. S. Leibrich M. D.

1/29, 19 25 (Address) 1217 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's (Hampden)	Jan 31 1925
20 UNDERTAKER	ADDRESS
Horace H. Burgee	363 Gallo Rd.

U.S.A. FEB 1925

D 94637

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94637

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. Ward) 16-24

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Wm. L. Gill

(Residence in Baltimore: No. 2724 Riggs Ave. St.; yrs. 42 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	White	Married

6-DATE OF BIRTH. about (Month) (Day) 1883 (Year)

7-AGE. 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Police Sergeant
(b) General nature of business, or establishment in which employed (or employer)..... B. P. D.

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Jas. Gill

11-BIRTHPLACE OF FATHER. (State or Country) Ireland

12-MAIDEN NAME OF MOTHER. Catherine

13-BIRTHPLACE OF MOTHER. (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Gill

(Address) 2724 Riggs Ave

15- Filed 1925 Robert P. Harrison, 192 Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 26 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 5 hrs

(Duration) yrs. mos.

(Signed) J. J. O. Hennessy M. D. (Coroner)

Jan. 27 1925 (Address) 802 Equitable Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19- DATE OF REMOVAL. DATE OF BURIAL. 1/30 1925

20-UNDERTAKER. P. J. Fahey Sons ADDRESS 1318 Riggs Ave

Spec.—1-10-21—M&T—1500 Bks.

D 94638

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 D 94638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 Augusta Ave ST. 27-12 Hamilton WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Hickey

(a) RESIDENCE NO. 5004 Augusta Ave ST., Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Hickey

6 DATE OF BIRTH (month, day, and year) April 23 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER John Faulnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant James P. Hickey

(Address) 5004 Augusta Ave.

JAN 30 1925 ROBERT A. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1924 to Jan 28th 1925.

that I last saw he alive on Jan 28th 1925.

and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Chemical

(Signed) L. L. Sooby M. D.

1-29 1925 (Address) 421 E Fort Ave Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park and St. Lands Cemetery Hall	Jan 31 1925

20 UNDERTAKER Nelson E. Stiles

ADDRESS 320 Md. Ave Westport

Spec.—1-10-21—M&T—1500 Rls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94639

CERTIFICATE OF DEATH.

D 94639

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 North ave ST., 27-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eli F. Matthews

(a) RESIDENCE No. 104 North a. Int Washington WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Barbara Matthews

6 DATE OF BIRTH (month, day, and year) 4-12-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Free

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Agnes Yingling (Address) 104 North ave

15 Filed JAN 30 1925 Burial Permit Issued ROBERT R. KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1924, to Jan. 28, 1925, that I last saw him alive on Jan 27, 1925, and that death occurred, on the date stated above, at 9.00 a m.

The CAUSE OF DEATH* was as follows:

Senility — Dental Regurgitation

Arteria Sclerosis Arteriosclerosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. H. Bullen M. D.

1.28.1925 (Address) 1111 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge DATE OF BURIAL: Jan 30 1925

20 UNDERTAKER: H. S. Marshall ADDRESS: 3539 Fallsway

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-90

D 94640 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1825 Covington St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Almira Baker

(a) Residence No. 1825 Covington St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hillery Baker

6-DATE OF BIRTH (month, day and year) Aug. 26 1848

7-AGE,	If LESS than 1 day,
76 yrs. 5 mos. 2 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS

10-NAME OF FATHER, John Gallop

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Nancy Cherry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Daughter Martha A. Keys

(Address) 1825 Covington St.

15- JAN 30 1925 [illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1925 to Jan. 28, 1925

that I last saw h. alive on Jan. 28 1925

and that death occurred, on the date stated above, at 12.05 A.M.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senile myocarditis

(Duration) yrs. mos. 15 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. F. Hawkins, M. D.

1/28, 1925 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Olivet Cem	Jan. 30, 1925
20-UNDERTAKER.	ADDRESS
J. Few McCully	130 E. Fort

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94641 100-08 D 94641

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Died Enroute to Johns Hopkins Hospital St., 3-1 WARD)

2-FULL NAME Walter Markowski

(a) RESIDENCE NO. 1513 E. Pratt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Aug 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Markowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Helen Sanrcka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Helen Sancka Markowski
(Address): 1513 E. Pratt St.

15 Filed JAN 30 1925, 192 — MARTIN S. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (primary)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Culler, M. D.
(Coroner.)

1-30-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holly Cross	Jan 31 1925
20 UNDERTAKER	ADDRESS
O'Kindell Dippel & Lo	37 Lamb

IMPORTANT is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94642

CERTIFICATE OF DEATH.

D 94642

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 22-1 WARD)

2-FULL NAME Mary Williams

(a) RESIDENCE No. 702 S. Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33			

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address)

JAN 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-1925

17

I HEREBY CERTIFY, That I attended deceased from 1-24, 1925 to 1-25, 1925;

that I last saw her alive on 1-25, 1925

and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sol.

(Signed) Claude S. Dean, M. D.

1-27 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 30 1925

20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Hooker	406 E Conway st

Keep in a very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4643

CERTIFICATE OF DEATH.

101-001 D 94643

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 534 W Barre ST.: 22-1 WARD)

2-FULL NAME Levonora Naurutis

(a) RESIDENCE NO. 534 W. Barre ST. WARD

(Usual) place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/9/19

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Karl Naurutis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Anna Zuguletié

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant (Address) Karl Naurutis 534 W. Barre St.

15 [illegible] 19

JAN 30 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1925, to Jan 29, 1925

that I last saw her alive on Jan. 28, 1925

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Diagnosis

(Signed) John A Buchman, M. D.

. 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	1/30 1925

20 UNDERTAKER Chas. B. Buchanan ADDRESS 432 S Paca St

Back of certificates. See instructions on back.

Spec—12-23-21—E.B.R.S.—400 Bks.

94644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94644

1-PLACE OF DEATH

City of BALTIMORE: (No. 2123 E. Fairmount Ave St., 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Shochet

(a) Residence No. 2123 E. Fairmount Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds How long in U. S., if of foreign birth? ~ yrs. 5 mos. 2 2 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 7/1924

7-AGE, ~ yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): Bds

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Bennie Shochet

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Bessie Bass

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Russia

14- (Informant) B. Shochet

(Address) 2123 E. Fairmount Ave

15- Filed JAN 30 1925 WILLIAM S. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 29/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to Jan 29, 1925

that I last saw h[illegible] alive on Jan 29, 1925

and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Status Thymico-Lymphaticus

(Duration) yrs. 4 mos. 22 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) A. Fries, M. D.

Jan 29, 1925 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Dolphin Rosedale — DATE OF BURIAL, 1/30/25

20-UNDERTAKER: H. H. Leuner & Bro — ADDRESS 1127 E Balto St

Spec.–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94645

CERTIFICATE OF DEATH.

Registered No. D 94645

1-PLACE OF DEATH

City of BALTIMORE: (No. 1640 N. Payson St. St., 15-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Samuelson

(a) Residence No. 1640 N. Payson St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1921

7-AGE. 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sheaper

(b) General nature of industry, business, or establishment in which employed (or employer) 23

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Samuelson

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Hoffman

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Russia

14-

(Informant) A. V. Hoffman

(Address) 310 S. Eden Place

JAN 30 1925 ROBERT R. KRAUTH, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 29 25

17- I HEREBY CERTIFY, That I attended deceased from Jan-20 19 25 to Jan-29 19 25

that I last saw h. alive on Jan 29 19 25

and that death occurred, on the date stated above, at 12 10 m.

The CAUSE OF DEATH* was as follows:

Pulmonary

Laryngeal Tuberculosis

about 7 yrs

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 5 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Herman Leisle M. D

, 19 (Address) 2401 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Bonnie Brae	1 30 19 25

20-UNDERTAKER Jack Levin 1439 Eutaw St

ADDRESS

Stoc—12-23-21—E.B.R.S.—400 Bks.

94646 D 94646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1-1 90 Registered No.

City of BALTIMORE: (No. 901 N Broadway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Abraham Levin

(a) Residence No. 901 N Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Rose Levin

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 46 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph Levin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

11- (Informant) Jack Levin's

(Address) 1439 E Balto St

Filed JAN 30 1925 ROBERT J. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 29 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 19, 1925 (to) Jan 29 1925, that I last saw him alive on Jan 29 1925 and that death occurred, on the date stated above, at 8.05 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Myocarditis

Some (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

Gradual (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Krauter M. D.

Jan 30, 1925 (Address) 927 N. Calvert St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	1-30, 25

20-UNDERTAKER Jack Levin's ADDRESS 1439 E Balto St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94647

CERTIFICATE OF DEATH.

161-001

D 94647

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 6-1 WARD)

2-FULL NAME Stanley Edelman

(a) RESIDENCE No. 1738 Orleans St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 31-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md

PARENTS

10 NAME OF FATHER Cyrus Edelman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Celeste

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14
Informant Jack Lewis
(Address) 1431 E. Balto St

Filed JAN 30 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29-192 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Weller (Coroner.) M. D.

1-30-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL 1-30-192 5

20 UNDERTAKER Jack Lewis, 1431 E. Balto St — ADDRESS

FROM IS very important. See instructions on back of certificate. Exact statement of OCCUPA-

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94648

CERTIFICATE OF DEATH.

M-1 100-001

D 94648

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1525 East Chase Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madline L. Johnson

(Residence in Baltimore: No. 1525 East Chase Street St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Oct 21 1924
(Month) (Day) (Year)

7-AGE. yrs. 3 mos. 8 ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Boyd Johnson

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Cecile Culley

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Boyd Johnson
(Address) 1525 East Chase St.

15- JAN 30 1925 AUGUST A. KRAUTER, Registrar.
Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 29 (Day) 19 25 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, ~~autopsy~~ or Inquiry.) thereon and from the evidence obtained by said (Inquest, ~~autopsy~~ or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J S H Cullen M. D.
(Coroner.)

1-29-25 (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel

DATE OF BURIAL. Jan 30/25

20-UNDERTAKER. Wm. Cook

ADDRESS 502 E. North Ave

Spec.—1-10-21 M&T 1500 Blks.

Taney

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94649

CERTIFICATE OF DEATH.

+ 11-001 D 94649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 Guilford ST., 12 WARD) REGISTERED NO. 12-3

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Anne Louisa Taney

(a) RESIDENCE NO. 2936 Guilford Ave ST., WARD Glyn Falls, Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19th 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	12	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wawa Penna

PARENTS

10 NAME OF FATHER Joseph Taney

11 BIRTHPLACE OF FATHER (city or town) Edgewood (State or country) Montgomery Co. Md

12 MAIDEN NAME OF MOTHER Lydia Henry

13 BIRTHPLACE OF MOTHER (city or town) Magnolia (State or country) Maryland

14 Informant Connie Henry Raphael (Address) Pikesville, Md.

15 Filed ..... 19 ..... Registrar

JAN 30 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1925, to Jan 28, 1925, that I last saw h[illegible] alive on Jan 28, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Influenza -

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. R. Goldborough Jr. M. D.

, 19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stevens Cem Upper Falls Md — DATE OF BURIAL Jan 31st 1925

20 UNDERTAKER Henry H Jenkins Sons — ADDRESS McCulloh Orchard St

Spec.—1-10-21—M&T—1500 Blks.

D 94650

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94650

CERTIFICATE OF DEATH.

100-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 651 W Mulberry St., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Walker

(a) RESIDENCE NO. 651 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE colloard

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of The late Widowed of Lesser Walker

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER John Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Ida Walker 651 W Mulberry

JAN 30 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to Jan 27, 1925.

That I last saw her alive on Jan 26, 1925

and that death occurred, on the date stated above, at 6.20 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J R Cosey M. D.

, 19 (Address) 153 Seeker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loureal — DATE OF BURIAL 1/31/25

20 UNDERTAKER Rb Gross — ADDRESS 1405 McElderry

Cor.—1-12-23—M&T—100 Bks.

D 94651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94651

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1st & Hudson ST., 7-1 WARD)

REGISTERED NO. 193

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew P. Miller

(a) RESIDENCE NO 529 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Miller

6 DATE OF BIRTH (month, day, and year) Aug 15/63

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Potts & Callahan 067

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Andrew Miller

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Albert P. Miller
(Address) 529 N. Washington St.

Filed JAN 30 1925 ROBERT P. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frozen to death after he slipped & fell striking his head against tidal gate this causing (duration) yrs. mos. ds. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James McKenton, M. D. (Coroner.)

Jan 30, 1925 (Address) 709 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 1/30 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×90 D 94652

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 720 Dolphin St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda J Stepteau

(a) Residence No. 720 Dolphin St., Ward Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of Wm H Stepteau

6-DATE OF BIRTH (month, day and year) 1845

7-AGE. 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Lynchburg Va

PARENTS.

10-NAME OF FATHER, Moses Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) C H Stepteau

(Address) 720 W Dolphin St

15-

Filed ..... 192.. ROBERT R. KRAUTH, Registrar.

JAN 30 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/28/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 19 25 to Jan 28 19 25

that I last saw h. alive on Jan 27 19 25

and that death occurred, on the date stated above, at 12 45 A. M.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

1/30, 1925 (Signed) H S McCard M. D.

(Address) 2005 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Wilkerville Va	1/30 19 25
20-UNDERTAKER. Samuel J Hawley	ADDRESS 37 N Bradford

Cor.—1-12-23—M&T—100 Bks.

D 94653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 V D 94653

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2012 Park ave. (St.) 13-6 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta E. White

(a) RESIDENCE NO. 2012 Park ave ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin V. B. White

6 DATE OF BIRTH (month, day, and year) March 5—1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	10	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 0'37

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER John Finnegan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Devine

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Martin V. B. White
(Address) 2012 Park Ave

JAN 30 1925 ROBERT R. KRAUTER, Registrar
Initial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John J. Morrissey, M. D.
(Coroner.)

Jan 28, 1925 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Jan. 31 1925
20 UNDERTAKER Tully and Zeiler	ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94654

CERTIFICATE OF DEATH.

100-001

D 94654

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. Coppel 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Coppel

(a) RESIDENCE NO. Bay View Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Mrs C Coppel

6 DATE OF BIRTH (month, day, and year) Dec 25 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Home (Address)

15 Filed JAN 30 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-19, 1925, to 1-29, 1925, that I last saw her alive on 1-29, 1925 and that death occurred, on the date stated above, at 6.50 a m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chas G. Ward, M. D.

1-29, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL Jany 30 1925

20 UNDERTAKER Robt J Sauer & Son — ADDRESS 17 E Fay

Spec.—1-10-21—M&T—1500 Blks.

94655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 94655

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1V-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Winters

(a) RESIDENCE NO. 2411 Lovegrove Alley WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 18 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18th 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Student

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Winters

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Rosie Randall

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Hospital Records
(Address)

15 Filed JAN 30 1925 19 HUBERT R. KRAUTER, Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/25

17

I HEREBY CERTIFY, That I attended deceased from 1/22/25 19 to 1/28/25 19

that I last saw h alive on 1/28/25 19

and that death occurred, on the date stated above, at 4.50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of 1/24/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Op.

(Signed) H. W. Kelly M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peter Cem—

DATE OF BURIAL Jan 30th 1925

20 UNDERTAKER Joseph A Harrell

ADDRESS 1349 Division St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. 6-1 ST.; 21 WARD)

REGISTERED D 94656

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wright

(a) RESIDENCE. No. 1412 East Fairmount Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mall	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wright

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joan Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mariah Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth M. Wright.
(Address) 1412 E. Fairmount Ave.

15 Filed ..... 19 .....

Registrar

APR 30 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1924, to Jan 27, 1925, that I last saw h[illegible] alive on Jan 27, 1925, and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas

[illegible] (duration) 0 yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Septicemia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-24-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. MacGowan, M. D.

Jan 28 1925 (Address) Sydenham Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan 30 1925

20 UNDERTAKER Mrs R. G. Elliott ADDRESS 1726 Ashland Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94657 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 5-29 D 94657

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 Spring St., 5-29 Ward) Registered No.

2-FULL NAME Rebecca Elliott

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 508 Spring St

(Usual place of abode) St., Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elliott

6-DATE OF BIRTH (month, day and year) Feb. 2 1879

7-AGE. 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Nelson Owens

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER, Christina Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Raymond Elliott

(Address) 508 N. Spring St.

15- JAN 30 1925 Registrar. ROBT. P. KRAMER

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/27/25

17- I HEREBY CERTIFY, That I attended deceased from 1/24/25 19 to 1/27/25 19

that I last saw her alive on 1/27/25 19

and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert H. Levy M. D.

(Address) 120 E. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cemetery DATE OF BURIAL. Jan. 31st 1925

20-UNDERTAKER. Mrs R. C. Elliott ADDRESS 1705 Eastland Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the P St., ~~Ward~~ 10-2 Ward)

Registered No. D 94658

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Albertine Hauser.

(a) Residence No. Little Sisters of Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Wid

5a-~~If married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Antoine Hauser

6-DATE OF BIRTH (month, day and year) April 1863

7-AGE. 61 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). France

PARENTS.

10-NAME OF FATHER. Adolph Lamoise

11-BIRTHPLACE OF FATHER (city or town) (State or Country). France

12-MAIDEN NAME OF MOTHER. Marie Freret

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). France

14- (Informant) Sister Superior

(Address) Little Sisters of the Poor

15- Filed JAN 30 1925 ALICE R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 29/25

17- I HEREBY CERTIFY, That I attended deceased from No record 19 to 19

that I last saw h. alive on January 26 19 25

and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac apoplexy

(Duration) yrs. mos. 2 wks. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Davis, M. D.

29 . 19 25 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Jan 31 1925

20-UNDERTAKER.	ADDRESS
H. C. Wiedefeld	914 Greenmount Ave.

Spec- 12-23-21- E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94659

CERTIFICATE OF DEATH.

D 94659

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital 9-6 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Ensor

(a) Residence No. 1411 E. Lanvale St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 1903

7-AGE. 22 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer). United R R

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Howard W. Ensor

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Emma Gebhardt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

11- (Informant) Emma Ensor

(Address) 1411 E. Lanvale St.

15- JAN 30 1925 RUPERT A. KRAUTER, Registrar. Baltimore City

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-29-25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1925 to Jan. 29, 1925 that I last saw h.m alive on Jan. 29, 1925 and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Uremia

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, Physical, & Lab.

(Signed) Geo B Syvert M. D

1-29, 1925 (Address) 4 Doc. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park Cem	Jan 2 1925
20-UNDERTAKER.	ADDRESS
K. C. Wiedefeld	914 Fremont Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94660

CERTIFICATE OF DEATH.

57 D 94660

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 E Clement ST.: 24-1 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie M. Thomas.

(a) RESIDENCE. No. 512 E Clement ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George D Thomas

6 DATE OF BIRTH (month, day, and year) May 17 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Rebstock

11 BIRTHPLACE OF FATHER (City or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Nettie M Scheckel

13 BIRTHPLACE OF MOTHER (City or town) Baltimore
(State or country) Maryland

14 Informant Mrs George D Thomas
(Address) 512 E Clement st

15 Filed JAN 30 1925, 19 Registrar

Asst. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 25, to 1/29, 19 25, that I last saw her alive on 1/29, 19 25, and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) H. Edw Smith, M. D.

(Address) 910 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Jan 31 1925

20 UNDERTAKER John F Denny ADDRESS 716 Light St

Spec.—1-10-21—M&T—1500 Bks.

D94661 ✓ D94661

HEALTH DEPARTMENT—CITY OF BALTIMORE

D94661 66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St. 17 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Connie Hangerfield

(a) RESIDENCE No. 1004 Wilmer Alley ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed ..... 19 ..... ROBERT A. KRAUTER, Registrar

JAN 30 1925 01182

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-22, 1925, to 1-26, 1925, that I last saw her alive on 1-25, 1925, and that death occurred, on the date stated above, at 1:45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism
Pneumonia
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) Claude E. Dreyer, M. D.

1-27, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Municipal Health. — ADDRESS JAN 30 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 D 94662

1-PLACE OF DEATH D 94662 — REGISTERED NO.

CITY OF BALTIMORE: (No. Municipal Hospital St., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Miller

(a) RESIDENCE NO. 10 N. Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Iowa (State or country)

PARENTS

10 NAME OF FATHER Frank Miller

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital (Address)

15 Filed JAN 30 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-17, 1924, to 1-25-1925

that I last saw h— alive on 1-25, 1925

and that death occurred, on the date stated above, at 6 P.M. m.

The CAUSE OF DEATH* was as follows:

C.N.S Syphilis (General Paresis); Syphilitic Aortic Insufficiency; Myocardial Degeneration (duration) yrs. 3 mos. Widwys.

CONTRIBUTORY (Secondary) Myocardial Failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Path

(Signed) Clarke G Dorsey M. D.

1-29, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL JAN 30 1925

20 UNDERTAKER [illegible] Bur. Permit Clerk of Health, — ADDRESS

0123 Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94663

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 319 W Whitridge Ave St., 17-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Helena Goyert

(a) Residence No..... 319 W Whitridge Ave St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of August Goyert

6-DATE OF BIRTH (month, day and year) July 22/1849

7-AGE. 75 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo Kaiser

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14- (Informant)... Charles A. Goyert

(Address) 319 W Whitridge Ave,

15- JAN 30 1925 ROBT. A. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 28/25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9th 1925 to Jan 28th 1925

that I last saw h.... alive on Jan 28th 1925

and that death occurred, on the date stated above, at 9.15P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) 2 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo Yundt Gorry M. D

1/28/ 1925 (Address) 401 E 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Jan 31. 1925

20-UNDERTAKER, Mrs Mrs John H Seufel & Son

ADDRESS 801 W Fayette St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111 D 94664

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 20-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Howard W. Jones

(a) Residence No. 222 Agusta Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND ~~of (or) WIFE of~~ Mrs H. W. Jones

6-DATE OF BIRTH (month, day and year) Dec 22. 1880

7-AGE. 47 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Practicing Medicine

(b) General nature of industry, business, or establishment in which employed (or employer) Dr

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, Wm Albin D. Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balt.

12-MAIDEN NAME OF MOTHER, Alice Paddicord

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balt.

14- (Informant) Ethel Jones

(Address) 222 Augusta Ave

JAN 30 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 11, 1924 to Jan 28, 1925

that I last saw h.[illegible] alive on Jan 28 1925

and that death occurred, on the date stated above, at 7.10 P.M.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer.

Oct Nov 11. Had a Large Hemorrhage

Operated on Jan 7. 1925, Gastrojejunostomy.

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Union Memorial Hospital

Did an operation precede death? Yes Date of Jan 7, 1925

Was there an autopsy? No

What lest confirmed diagnosis? None.

(Signed) Raymond F. Johnston, M. D.

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. Jan 31st 1925

20-UNDERTAKER. F. A. Wisgerst ADDRESS 1850 W. Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94665

D 94665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Hollins ST., 18 - 2 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Serio.

(a) RESIDENCE NO. 1126 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8-1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Salvatore Serio

11 BIRTHPLACE OF FATHER (city or town) Cefalu (State or country) Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Cefalu (State or country) Italy

14

Informant Samuel Serio

(Address) 1126 Hollins St

15 FILED 30-1925 Robert P. Harrison, Registrar

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-25, 1924, to 1-28, 1925, that I last saw her alive on 1-28, 1925, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardio renal Insufficiency.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Myocarditis -

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2 mos ago

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S. Trupiano, M. D.

1-28 1925 Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: John J. Cowan Cathedral Cem

DATE OF BURIAL: 1/31 1925

UNDERTAKER: Per J. J. Cowan - 901

ADDRESS: Holbrook St.

Bailey

D 94666 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94666

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1001 Argyle Ave St. 17-2 101-401 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Bailey

(Residence in Baltimore: No. 1001 Argyle Ave St.; yrs. 56 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced (Write the word.): Widow

6-DATE OF BIRTH: March 10, 1869 (Month) (Day) (Year)

7-AGE: 56 yrs. 10 mos. 18 ds.

If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of Industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Junius Bailey

11-BIRTHPLACE OF FATHER, (State or Country): Dist. Kuma

12-MAIDEN NAME OF MOTHER: Josephine Neal

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Lomax

(Address) 1001 Argyle Ave

15-

JAN 30 1925 192.. Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: January 28 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. J. Lawrence M. D. (Coroner)

Jan 28 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Mt Auburn Cem Jun 31 19 [illegible]

20-UNDERTAKER. ADDRESS

Mrs R.G. Elbert 2[illegible] Eastland ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94667

CERTIFICATE OF DEATH.

31 D 94667

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 428 N. Front St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucile Jones

(a) Residence No. 428 N Front St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) November 1908

7-AGE. 16 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School

(b) General nature of industry, business, or establishment in which employed (or employer). Student

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Maggie Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-

(Informant) Joseph Jones

(Address) 428 N Front St

15-

Filed JAN 30 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 29-25

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 19 25 to Jan 27 19 25

that I last saw h alive on Jan 27 19 25

and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum positive

(Signed) J. Edw. Fisher M. D.

1-29 19 (Address) 1612 E Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL, Jan 31, 19 25

UNDERTAKER, R. G. Elliott

ADDRESS 1220 Eastland

Spec.—1-10-21 M&T 1500 Blks.

D 94668 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94668

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alice B. Mc Donnell

(a) RESIDENCE NO. 2933 Presstman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. McDonnell

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Mathew Snyder

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bridget Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Record.

(Address)

15 Filed JAN 30 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/27/25, 19 to 1/29/25.

that I last saw h alive on 1/29/25 19

and that death occurred, on the date stated above, at 4:40 P.M.

The CAUSE OF DEATH* was as follows:

Asthenia Following
Chr. Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Talley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/2 1925

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert

D 94669 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94669

CERTIFICATE OF DEATH. 37

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. Bayview Hospital St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelm Schubel

(Residence in Baltimore: No. 300 S Smallwood St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1..... (Year)

7-AGE.	If LESS than 1 day,
53 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of Industry, business, or establishment in which employed (or employer): Butcher 0/3

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Henry Schubel

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Catherine Lee

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bowers

(Address) 300 S Smallwood St

15- JAN 30 1925 H. A. W. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D.
(Coroner)

Jan 30 1925 (Address) 19 E Lexington St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents). At place of death ..... yrs. ..... mos. 0 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 300 S Smallwood

Former or usual residence 300 S Smallwood

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel	Jan 31 1925

20-UNDERTAKER.	ADDRESS
Wm Wisch's Sons	1737 W Pratt St

Spec—12-23-21—E.B.R.S.—400 Bks.

(Stallmann)

D 94670

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94670

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1336 N. Charles St., 21 Ward)

Registered No. 32 24001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Stallmann

(a) Residence No. 1336 Charles St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word) Married

5a-If married, widowed, or divorced) HUSBAND of (or) WIFE of Bertha Stallmann

6-DATE OF BIRTH (month, day and year) April 12th 1845

7-AGE. 79 yrs. 9 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer). 014

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germy

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germy

14-

(Informant) Bertha Stallmann

(Address) 1336 N. Charles st

15-

Filed Jan 30 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/29/25

17- I HEREBY CERTIFY, That I attended deceased from July 24 1925 to July 29 1925

that I last saw h[illegible] alive on 1/29 1925

and that death occurred, on the date stated above, at. a.m.

The CAUSE OF DEATH* was as follows:

a Bronchitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arthrosclerosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A Hollander M. D

, 19 (Address) 1325 N Charles

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem — DATE OF BURIAL. Feb 2nd 1925

20-UNDERTAKER, E. Schlemann & Son — ADDRESS 1029 Hanover st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94671 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94671

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3037 Belmont ave St. 16-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.. Annie M Goldin

(a) Residence No. 3037 Belmont ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 2, 1842

7-AGE. 83 yrs. mos. ds. If LESS than 1 day. hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. William Chamberlaine

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Neomi Campagne

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

11- (Informant). Alexander Chamberlaine

(Address). 3037 Belmont Ave

15- Filed. Robert P. Harrison, Registrar.

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 29. 25

17- I HEREBY CERTIFY, That I attended deceased from June 22, 1925, to June 29, 1925, that I last saw h[illegible] alive on June 29, 1925, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Grippe & Bronchitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. W. Shook, M. D.

Jan 30, 1925 (Address) 8047 Fullerton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Washington Jan 31, 1925

20-UNDERTAKER. George J Smith ADDRESS 1592 Hollins st

FILMED

Spec. 1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94672

CERTIFICATE OF DEATH.

D 94672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Maddox

(a) RESIDENCE NO. Vale, Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Maddox

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed JAN 30 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1925, to Jan 27, 1925, that I last saw him alive on Jan 27, 1925, and that death occurred, on the date stated above, at 4:00 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Autopsy. Physician, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL: 19

20 UNDERTAKER: Dept. of Labor Health.

ADDRESS

JAN 30 1925

Registrar

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94673

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94673

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3514 Elm Ave (St.) (13-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Bollinger

(a) Residence No. 3514 Elm Ave St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of ~~late~~ WIFE of Barbara Bollinger

6-DATE OF BIRTH (month, day and year) Sept 15 1846

7-AGE. 78 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Paper Maker

(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER John Bollinger

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Adams

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Baltimore Md

14- (Informant) William Bollinger

(Address) 844 W. 34 St

15- Filed..... 192.....

Robert P. Harrison, Registrar.

D 1525 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 29-25

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1924 to Jan 29 1925

that I last saw h.. alive on Jan 26 1925

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? — Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

Jan 29, 1925 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Elkridge Md

DATE OF BURIAL, Jan 30 1925

20-UNDERTAKER, A S Marshall

ADDRESS 3539 Fall Rd

Spec.—1-10-21—M&T—1500 Blks.

D 94674 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94674

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., W-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Chambers

(a) RESIDENCE No. Elkridge md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 8 hours How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nov 10 1914

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Henry Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florence Blackstone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Chambers

(Address) Elkridge Md.

15 JAN 30 1925 Robert F. Carter . 19 Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 29 6 Pm, 1925, to Jan 29 11:30 Pm, 1925,

that I last saw her alive on Jan 29, 1925,

and that death occurred, on the date stated above, at 11:30 Pm.

The CAUSE OF DEATH* was as follows:

Bit by a dog 6 months ago - Hydrophobia developed and death ensued within 12 hrs

(duration) yrs. mos 42 ds.

CONTRIBUTORY (Secondary) Hydrophobia - Acute Synoptitis

(duration) yrs. mos. 12 hrs

18 Where was disease contracted if not at place of death? Place of death University Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Richard S Anderson, M. D.

. 19 (Address) University Hospital - Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Howard Co Md Greenmount Cemetery — DATE OF BURIAL 2-1 1925

20 UNDERTAKER Scott M Shaw — ADDRESS Ellicott City Md

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94675

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mount Hope Retreat St. 28th + 78 Ward) Registered No.

2-FULL NAME. Gertrude Sullivan

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Mt. Hope Retreat St. 28th Ward Wilmington Del,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? 29 yrs. 0 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 22nd 1896

7-AGE, 29 yrs. 0 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Clerking

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Wilmington Del

PARENTS.

10-NAME OF FATHER, Henry J. Sullivan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Catherine J. Tierney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Wilmington Del

14- (Informant) Records of Mt Hope (Address) Baltimore Md

15- Filed 1925, 19 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 29-25

17- I HEREBY CERTIFY, That I attended deceased from July 24, 1924, to Jan 29, 1925, that I last saw h...alive on Jan 29, 1925, and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Epilepsy

abt (Duration) 22 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Epileptic Psychosis

abt (Duration) 1 yrs. 8 mos. 0 ds.

18-Where was disease contracted if not at place of death? Wilmington Del

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Wilmington Del DATE OF BURIAL, Jan 30 19 25

20-UNDERTAKER STEWART & WOODEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

D 94676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94676

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Allendale Rd ST. 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard McJilton Towles

(a) RESIDENCE NO. 2301 Allendale Rd ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? 53 yrs. 10 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE Lydia Keilholtz Towles

6 DATE OF BIRTH (month, day, and year) March-17-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Law 042

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER James Towles

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Josephine Pennington

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Emily T. Smith (daughter)

(Address) 2214 Evelyn Av.

15 Filed JAN 30 1925 19 Robert P. Harrison, Registrar

Burial Permit Clark.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1925

17

I HEREBY CERTIFY, That I attended deceased from March 30 1921 to Jan. 24, 1925.

that I last saw him alive on January 21 1925.

and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 4 yrs. mos da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Bunnell Fargo, M. D.

19 (Address) 2937 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan 31 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

D 94677

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 Homewood Ave. ST., 9-4 WARD) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh T. Lipscomb

(a) RESIDENCE NO. 2125 Homewood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lipscomb

6 DATE OF BIRTH (month, day, and year) Mar. 31, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk 09

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER John Lipscomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER N. Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond, Va.

14 Informant Catherine Lipscomb

(Address) 2125 Homewood Ave.

Filed 30 1925, 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6 .19 23. to Jan 28 .19 25.

that I last saw him alive on Jan. 28 .19 25.

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw. J. Coolahan M. D.

19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	1/31/25 19
20 UNDERTAKER Geo. J. Ruth & Bro.	ADDRESS 1721 Hanford

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94678

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94678

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 743 N. Kenwood ave. St., 7-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Cora Bell Schleeter

(a) Residence No. 743 North Kenwood St., ave. Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (~~Write the word.~~) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND'S~~ of (or) WIFE of Mr. Charles Schleeter.

6-DATE OF BIRTH (month, day and year) May 28-1893

7-AGE. 21 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Thomas Henry Taylor

11-BIRTHPLACE OF FATHER (city or town) King & Queen Co (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER, Jessie Lee Wilcher

13-BIRTHPLACE OF MOTHER (city or town) King & Queen Co (State or Country), Virginia

14-

(Informant) Husband (Charles Schleeter)

(Address) 743 N. Kenwood ave.

Jan 30 1925 Robert P. Harrison, M.

Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). January 27-1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1924 to January 27 1925

that I last saw her alive on January 27 1925

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis } Thrombosis or
Mitral Insufficiency } Embolus.

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No —

What test confirmed diagnosis? Physical Examination.

(Signed) Louis F. Krumrein, M. D.

, 19 (Address) 722 North Kenwood ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Jan 31 1925

20-UNDERTAKER, ADDRESS

Geo. J. Ruth 1735 Harford ave

Spec.—1-10-21—M&T—1500 Bks.

D 94679

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94679

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E. Lafayette St. 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuel DiSilvio

(a) RESIDENCE NO. 1508 E. Lafayette Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 3/15/1854

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
70	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 140

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Benjamin DiSilvio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant J. B. Silvio (Address) 1508 E. Lafayette Ave

15 Filed ..... 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1924, to Jan 28, 1925, that I last saw him alive on Jan 28, 1925, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Anthony L. Rinaldi M. D.

Jan 28, 1925 (Address) 1088 W Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Catholic New Cemetery — DATE OF BURIAL 1/31/1925

20 UNDERTAKER George J. Kelly — ADDRESS 1735 Hoffman

Spec.—1-10-21—M&T—1500 Blks.

D 94680 ~~94680~~ 177

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94680

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 12-4 ST., WARD)

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARIAN ELIZABETH WILCOX ~~Batty~~ Wilcox

(a) RESIDENCE No. 2617 Barclay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lift mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 20 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	1	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Howard Wilcox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Emma Hobb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 3 0 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30, 1925

17

I HEREBY CERTIFY, That I attended deceased from January 2, 1925, to January 30, 1925, that I last saw her alive on January , 1925, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, secondary

Otitis media

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Still's Disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) A W Jacobson, M. D.

, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield Cemetery Md. DATE OF BURIAL Feb 1 1925

20 UNDERTAKER J. W. Cook ADDRESS 502 E Hoffman

Spec.—1-10-21—M&T—1500 Bks.

17659 D 94681

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94681

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 3-1 WARD)

2-FULL NAME Joseph Sweeting

(a) RESIDENCE NO. 924 N. Watson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	48	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Timmes Club, Balto. Md.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. H. Sweeting

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Clara Stalling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Records
(Address): JOHNS HOPKINS HOSPITAL

15 Filed JAN 30 1925 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1925, to Jan 30, 1925, that I last saw him alive on Jan 30, 1925 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of esophagus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Jan. 20, 25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Otto Jacobson, M. D.

, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Feb 2 1925

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E. Fayette

Cor.—1-12-25—M&T—100 Bks.

D 94682

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94682

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Nicholson St. ST., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael McHale.

(a) RESIDENCE NO. 1424 Nicholson St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 30 yrs. ---- mos. ---- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grain trimmer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Michael McHale.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary McHale.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Thomas F. McHale. (nephew)
(Address) 227 E. 33rd. St.

15 Filed ... 192 Robert P. Harrison, Registrar

JAN 30 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidental fall down a cellar stairs.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt (Coroner), M. D.

Jany. 30, 1925 (Address) 1917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Jan 31 1925
20 UNDERTAKER Margaret G. Flynn	ADDRESS 1111 Light St.

Cor.—1-12-23—M&T—100 Bks.

D 94683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94683

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 244 N Lanvale St., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Hill Banks

(a) RESIDENCE No. 244 N. Lanvale St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced (write the word)~~: Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo W Banks

DATE OF BIRTH (month, day, and year): Jan 7 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Petersburg Va

10 NAME OF FATHER: Bernard Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mrs Sarah B Banks
(Address) 244 N Lanvale

30 1925 192 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D. (Coroner)

Jan 29, 1925 (Address) 28 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Feb 2 1925

20 UNDERTAKER: John O Mitchell — ADDRESS: 1010 Fayette

Deputy Clerk

Spec.—1-10-21—M&T—1500 Bks.

D 94684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 D 94684

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3400 Carlisle Ave ST. 15-4 WARD)

2-FULL NAME William H. Roberts

(a) RESIDENCE No. 3400 Carlisle Ave ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Roberts

6 DATE OF BIRTH (month, day, and year) Jan 16-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Canner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self. 816

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER Geo. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md.

12 MAIDEN NAME OF MOTHER Rachel Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Mrs. Grace Roberts (Address) 3400 Carlisle Ave

15 Filed JAN 31 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1925, to Jan 29, 1925, that I last saw h alive on Jan 28, 1925, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) George Zuller M. D.

, 19 (Address) 49 Preston St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Feb 2 1925

20 UNDERTAKER Wm. J. Tuckner Sons — ADDRESS N. Pa

Spec.—1-10-21—M&T—1500 Blks.

D 94685

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 V 1685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2842 W. North Ave St. 15-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander H. Allen

(a) RESIDENCE NO. 2842 W. North Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian V. Allen

6 DATE OF BIRTH (month, day, and year) Jan. 10 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer State Sanatorium W. Va

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Roxana Amos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. L. V. Allen (Address) 2842 W. North Ave

15 Filed JAN 31 1925 19 Robert F. ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1925, to Jan 30, 1925, that I last saw him alive on Jan 30, 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Grant K. Pace, M. D.

1/30, 1925 (Address) 3005 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 2, 25
20 UNDERTAKER	ADDRESS
Wm. J. Dickerson Sons	Norfolk

Note.—Items are very important. See instructions on back of certificates.

Spec—12-23-24—E.B.R.S.—400 Eks.

D 94686

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 001
99 94686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 E. White Ave Hamilton 27-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Edward Harrison

(a) Residence No. 1 E. White Ave Hamilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lyda E Harrison

6-DATE OF BIRTH (month, day and year): July 10. 1861

7-AGE: 63 yrs. 6 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retail Meat Bus.

(b) General nature of industry, business, or establishment in which employed (or employer): Henry Brell 045

(c) Name of employer: Dorchester Co

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: Charles Harrison

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Sarah Blades

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14-

(Informant): Rev. Wm E. Harrison

(Address): 1325 Madison Ave.

15-

Jan 31 1925

Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 28 1925

17- I HEREBY CERTIFY, That I attended deceased from July 25 1925 to July 25 1925

that I last saw h[illegible] alive on 1925

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(Duration) yrs. mos. 12 hrs.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George A Harrison M. D

Jany 31, 1926 (Address) 2214 Mayfield Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park Cem.	Jan 31 1925
20-UNDERTAKER.	ADDRESS
Wm Tickner & Son	Morrell Pk

Spec—12-23-21—E.B.R.S.—400. Eks.

D 94687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 94687

1-PLACE OF DEATH

City of BALTIMORE: (No. 2024 N. Hilton Ave Ward 15-11)

Registered No.

2-FULL NAME William Rodgers Sr.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2024 N. Hilton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Helen W Rodgers

6-DATE OF BIRTH (month, day and year) Aug 13 1869

7-AGE. 55 yrs. 5 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Rodgers

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Amelia Shaney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) Mrs Helen C Rodgers

(Address) 2024 N. Hilton Ave.

15- 1925 Robert P. Harrison, Registrar.

T 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 30 1925

17- I HEREBY CERTIFY, That I attended deceased from 1-1, 1925, to 1-30, 1925, that I last saw him alive on 1-26 1925 and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Laryngeal)

(Duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

1-30 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL. 1-31 1925

20-UNDERTAKER. Wm Pickenbrons — ADDRESS North Pa

Spec.—1-10-21—M&T—1500 Bks.

D 94688

HEALTH DEPARTMENT—CITY OF BALTIMORE

3/2 94688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Genl Hosp ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ANNA M. BALDWIN

(a) RESIDENCE NO. 1029 McDONOUGH ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	WHITE	SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1911

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	13	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) BALTO. (State or country) MD —

PARENTS

10 NAME OF FATHER SAMUEL BALDWIN

11 BIRTHPLACE OF FATHER (city or town) BALTO. (State or country) MD.

12 MAIDEN NAME OF MOTHER MARY GRAU

13 BIRTHPLACE OF MOTHER (city or town) BALTO (State or country) MD

14 Informant SAMUEL BALDWIN
(Address) 1029 McDONOUGH ST.

15 Filed 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 30 1925

17 I HEREBY CERTIFY, That I attended deceased from JAN 25, 1925, to JAN 30, 1925, that I last saw HER alive on JAN 30, 1925 and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

ACUTE MILIARY TUBERCULOSIS

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) SECONDARY INFECTION OF Hip. Fell while skating on roller skates (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? YES Date of JAN 26/25

Was there an autopsy? YES—

What test confirmed diagnosis? AUTOPSY—

(Signed) H. Peterman, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Orems Cemetery Balto Co — DATE OF BURIAL Feb 2 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94689

CERTIFICATE OF DEATH.

28 D 94689

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Carroll ST., 21-1 WARD)

2-FULL NAME Edna C. Kush

(a) RESIDENCE No. 1207 Carroll ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 13-1911

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	14	✓	17	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George A. Kush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore. Md.

12 MAIDEN NAME OF MOTHER Agusta L. Konrad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George A. Kush

(Address) 1207 Carroll St

15 1 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1925, to Jan 30, 1925, that I last saw her alive on Jan 30, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(duration) Over yrs. mos 19 ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis & Physical Examination

(Signed) Henry Codell Jr. M. D.

Jan 30 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kosten

DATE OF BURIAL Feb 2 1925

20 UNDERTAKER Robt. D. Tuttle

ADDRESS Edmondson

Dr Fenton

D 94690

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94690

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2900 Elliott St., 1-3 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Murphy

(Residence in Baltimore: No. 2900 Elliott St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: W.

5-Single, Married, (Com'd) Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: Feb 11, 1840 (Month) (Day) (Year)

7-AGE: 84 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): 8 b

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John Murphy

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Murphy

(Address) 917 So Decker Ave

15- Filed 1-1 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (2nd attack)

Sudden (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) James M. Fenton M. D. (Coroner.)

Jan 31 1925 (Address) York Road

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Md. Angel Hill, Havre De Grace DATE OF BURIAL, Feb 2, 1925

20-UNDERTAKER, Wm. Cook ADDRESS 502 E Lexington

94691

HEALTH DEPARTMENT—CITY OF BALTIMORE

94691

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE (No. 1611 N. Brent St., 14-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharyn V. Washington

(Residence in Baltimore: No. 1611 N. Brent St. St.; yrs..... mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	colored	single

6-DATE OF BIRTH. Jan. 26, 192.. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
3 yrs. mos. 4 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country). Balto. Co. Md.

PARENTS.

10-NAME OF FATHER. Joseph Washington

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Sarah Cook

13-BIRTHPLACE OF MOTHER. (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Washington

(Address) 1611 N. Brent St.

15- Filed 31 1925 192.. Robert P. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 30. 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, aforesaid find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Whooping cough

(Duration) yrs. mos. 24 ds.

(Signed) J. F. Devereux M. D.
(Coroner.)

Jan. 30, 192 5 (Address) 2 E. Fayette St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Pleasant Cemetery	Feb. 1 1925
20-UNDERTAKER. Balto. Co. Md. J. F. Edwards	ADDRESS Reisterstown Md

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94692

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94692

CERTIFICATE OF DEATH.

3 - 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. High ST.; WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Mikulionas

(a) RESIDENCE. No. 120 S. High ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 20 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6 DATE OF BIRTH (month, day, and year) April 19- 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Varnow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Charles Mikulionas Jr

(Address) 120 S. High St

15 Filed 3 1 1925, 19 Robert P. Harrison Registrar

(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1925, to Jan. 29, 1925, that I last saw him alive on Jan. 28, 1925, and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Brochurlas M. D.

1-30, 1925 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 2 1925
20 UNDERTAKER	ADDRESS
John Gobliauckas	425 S. Paca St

Spec.—1-10-21—M&T—1500 Bks.

D 94693

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 405 N. Glover ST., 6-3 WARD)

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris R Guckert

(a) RESIDENCE NO. 405-N.-Glover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred X yrs. X mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) JAN 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	X	X	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work X

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Christopher Guckert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Cecelia Koch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Christopher Guckert 405 N Glover St

15 Filed JAN 31 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 30 1925

17

I HEREBY CERTIFY, That I attended deceased from JAN 17 1925, 19, to JAN 30 1925,

that I last saw h[illegible] alive on JAN 30 1925,

and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency (Syphilitic) with regurgitation 13 ds

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Premature Child

(duration) yrs. X mos [illegible] ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

What test confirmed diagnosis? Autopsy

(Signed) D. H. Burker M. D.

JAN 31 1925 (Address) 928 E North av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 31 1925
20 UNDERTAKER	ADDRESS
Wendell Disposal Co	31 S Amity St

Spec—12-23-21—E.P.R.S.—400 Bks.

D 94694

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94694

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 2566 Mc Culloh St., 13-5 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman A. Baykin

(a) Residence No. 2566 Mc Culloh St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, C.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 18 1920

7-AGE, 4 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm R Baykin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Alabama

12-MAIDEN NAME OF MOTHER, Willie May Watson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ga

14- (Informant) Dr Wm Baykin
(Address) 2566 Mc Culloch St.

15- 2nd 31 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 29/25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1924 to Jan. 29 1925 that I last saw him alive on Jan. 28 1925 and that death occurred, on the date stated above, at 4 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Bronchopneumonia

(Duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Meningitis

(Duration) yrs. mos. 21 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) Fred Bennett M. D.

19 (Address) 11 E. Chase St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dist Auth County	Jan 31 19 25
20-UNDERTAKER	ADDRESS
J Mac R C. Elliott	1525 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94695

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94695

CERTIFICATE OF DEATH.

100-00

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St., 12-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas McClimens

(a) Residence No. 23 E 22nd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1851

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Book-Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) ? (State or Country),

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) ? (State or Country),

14- (Informant) Municipal Hospital Records

(Address)

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-29-25

17- I HEREBY CERTIFY, That I attended deceased from 6-1, 1922 to 1-29, 1925, that I last saw him alive on 1-29, 1925, and that death occurred, on the date stated above, at 5:20 m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Claude A. Hoen, M. D.

1-30, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Jan. 31, 1925
20-UNDERTAKER.	ADDRESS
Homeus & Son	805 N. Colvert St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94696

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94696

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 W Barre St. St.; 22-1 Ward) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Gregory

(a) RESIDENCE. No. 620 W. Barre St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 22 - 24

7 AGE — Years | Months: 9 mo. | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Grager

11 BIRTHPLACE OF FATHER (city or town)
(State or country) K 6

12 MAIDEN NAME OF MOTHER Martha Taylor

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) K 6

14 Informant John Grager
(Address) 620 W Barre St

15 Filed JAN 31 1925, 19

Robert F. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to January 28, 1925, that I last saw him alive on January 28, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Grager, M. D.

19 (Address) 541 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Ct	Jan 31 1925
20 UNDERTAKER	ADDRESS
J. L. Brown & Son	108 W. Monta

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94697

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94697

CERTIFICATE OF DEATH.

101-00

1-PLACE OF DEATH

City of BALTIMORE (No. 867 W Ostend St., 21-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cullison

(a) Residence No. 867 W Ostend St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or ~~divorced~~ HUSBAND ~~or wife~~ of Ida Cullison

6-DATE OF BIRTH (month, day and year) ? 1878

7-AGE, 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Hauling

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Cullison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Henrietta —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Marie Moore

(Address) 867 W. Ostend St.

15- Filed ..... 192 Robert P. Harrison, Registrar.

T 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/26/25

17- I HEREBY CERTIFY, That I attended deceased from 1/22/, 1925 to 1/28/ 1925 that I last saw h... alive on 1/27/ 1925 and that death occurred, on the date stated above, at 12:05 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Influenza

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Lincoln Bryon M. D.

1/2, 1925 (Address) 908 N Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Jan 30, 1925

20-UNDERTAKER, Edward Bryon ADDRESS 1631 Orleans St

D 94698 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94698

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1006 W. Mosher St., 16 Ward) Registered No. 11-6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Smith

(Residence in Baltimore: No. 1006 W. Mosher St. St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Widower

6-DATE OF BIRTH. about 1856 (Month) (Day) (Year)

7-AGE. 56 yrs. mos. ds. If LESS than 1 day, hrs. or mio.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Jos. Reid

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Jane Barber

13-BIRTHPLACE OF MOTHER. (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Henson

(Address) 622 Stockton St

15- Filed 31 1925 192 Robert F. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 29 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, and (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a. Arteriosclerosis (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) b. Dilatation of heart (Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Jan. 30, 1925 (Address) 2802 Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Lawn — DATE OF BURIAL. 2-2-1925

20-UNDERTAKER. Daniel Carbon — ADDRESS 916 Eutaw

D 94699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 94699

Registered No. 6

1-PLACE OF DEATH

City of BALTIMORE: (No. 1622 N. Bruce St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvina Smith

(Residence in Baltimore: No. 1622 N. Bruce St. St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colrd

5-Single, Married, Widowed, or Divorced, (Write the word.): widow

6-DATE OF BIRTH: about (Month) (Day) 185 (Year)

7-AGE: 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Walker

(Address) 1622 N. Bruce St.

15-

Filed JAN 31 1925 19

Robert P. Harrison, Registrar.

Daniel Ferall Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan. (Month) 29 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) yrs. mos. ds.

(Signed) J. S. Kennedy M. D. (Coroner)

Jan 30 1925 (Address) 2 E Franklin

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Mem

DATE OF BURIAL: 2-2-1925

20-UNDERTAKER: Daniel Easton

ADDRESS 916 Ga ave

Spec.—1-10-21—M&T—1500 Blks.

D 94700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94700

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hos

CITY OF BALTIMORE: (No. 9 ST., 17-1 WARD)

2-FULL NAME James (Jessie) Diggs

(a) RESIDENCE No. 520 Lambert St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Diggs

6 DATE OF BIRTH (month, day, and year): 1893

7 AGE — Years: 32 — Months: ? — Days: ? — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records Johns Hopkins Hospital

15 Filed ... 19 ... Registrar

31 1925

Albert F. Harrison

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1924, to January 29, 1925, that I last saw him alive on January 29, 1925 and that death occurred, on the date stated above, at 8-12 P. m.

The CAUSE OF DEATH* was as follows:

Chr. myocarditis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary tuberculosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Dealy M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 2-2-1925

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Pa ave

FROM IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94701

CERTIFICATE OF DEATH.

3 D 94701

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Hosp. ST., (W. or E.) 4th-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Gardner

(a) RESIDENCE NO. 831 Clifford St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE: Years 16(?) Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packing house & Laundry

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 071

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Jas Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rachel Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View (Address)

15 JAN 1925 Robert P. Harrison, 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1924, to Jan. 28, 1925.

that I last saw her alive on Jan 28, 1925

and that death occurred, on the date stated above, at 7 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Probable (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of Jan. 28

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam. X-ray

(Signed) T. B. Whaley, M. D.

Jan 29-25 (Address) Bay View

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2-2-25

20 UNDERTAKER Samuel Easton

ADDRESS 956 Eager

Cor.—1-12-23—M&T—100 Bks.

D 94702

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 B 94702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1109 Mc Culloh St (WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Giles

(a) RESIDENCE NO. 1109 Mc Culloh St WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 10 mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nv

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ernest Olivers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Giles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Earnest Olivers

(Address) 1109 Mc Culloh St

15 Filed ....., 192 Robert P. Harrison, Registrar

31 1925

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) no other history of tuberculosis or cancer

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner.)

Jan. 26, 1925 (Address) 2802 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL W Laurel Cem DATE OF BURIAL 1-31 1925

20 UNDERTAKER Jno D Easter ADDRESS Laurel

Spec.—12-23-21—E.B.R.S.—400 Bks.

D 94703 HEALTH DEPARTMENT—CITY OF BALTIMORE 001

CERTIFICATE OF DEATH.

101 D 94703

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 318 N. Fulton Ave St., 70-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Edna Moores

(a) Residence No. 318 N. Fulton Ave St., Ward.....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert L. Moores

6-DATE OF BIRTH (month, day and year) Nov 28. 1870

7-AGE. 54 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Churchtown Md

PARENTS.

10-NAME OF FATHER Charles A. A. Stanley

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Churchtown Md

12-MAIDEN NAME OF MOTHER, Laura A. Dues

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto County Md

14- (Informant) Mr. Robert L. Moores
(Address) 318 N. Fulton Ave

15- Filed ..... 192 ..... Registrar.

[illegible] 1925 [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 29. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 ....., 1925 to Jan 29 ....., 1925 that I last saw h[illegible] alive on Jan 29 ....., 1925 and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(Duration) ..... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) ..... yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) W. Bowman Reed M. D.

1/31, 1925 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park Cem. DATE OF BURIAL, Jan 31. 1925

20-UNDERTAKER, Jos Joerders Son ADDRESS 2178 E. Pratt

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94704

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94704

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1429 Edmondson Ave St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Catterbuck

(a) Residence No. 1429 Edmondson Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 29 1925

7-AGE. — yrs. — mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER Harry L. Catterbuck

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Rileyville Va

12-MAIDEN NAME OF MOTHER Bernice Lyer Moyer

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Luray Va

14-(Informant) Harry L. Catterbuck

(Address) 1429 Edmondson ave.

15-Filed 31 1925 192 Robert P. Harrison, Registrar.

~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 30-1925

17-I HEREBY CERTIFY, That I attended deceased from Jan 29 19 25 to Jan 30 19 25

that I last saw h.. alive on Jan 30 19 25

and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) yrs. mos. 1 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? signs & symptoms

(Signed) Dr. E. Wells, M. D

. 19 (Address) 1413 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Luray Virginia	Jan 31 19 25
UNDERTAKER.	ADDRESS
Chas. H. Evans & Son	118 W. Mt. Royal av

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94705 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94705

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 15-11 Ward) Registered No.

2-FULL NAME Enrico or Richard Todaro

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 4005 Garrison Blvd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Todaro

6-DATE OF BIRTH (month, day and year) June 9-1875

7-AGE 49 yrs. 7 mos. 19 ds. If LESS than 1 day ....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9-BIRTHPLACE (city or town) Cefalu (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Louis Todaro

11-BIRTHPLACE OF FATHER (city or town) Cefalu (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Mary Restivo

13-BIRTHPLACE OF MOTHER (city or town) Cefalu (State or Country) Italy

14- (Informant) Mary Todaro

(Address) 4005 Garrison Boulevard

15- Dated 31 1925, 192 Robert J. Harrison, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 28-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to Jan 28, 1925 that I last saw h— alive on Jan 28 1925 and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Peritonitis (appendicular)

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of Jan 26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank Inzarra M. D

Jan 28, 1925 (Address) 1300 St Paul St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Feb 2- 1925

20-UNDERTAKER, Chas. S. Kraus & Son ADDRESS 118 West Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

(Bruce)

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 94706 ✓ B 94706

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Bruce

(a) RESIDENCE No. 106 Baltimore Ave Dundalk WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bruce

6 DATE OF BIRTH (month, day, and year) July 22, 1888

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John W. Bruce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Ott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Request Johns Hopkins Hosp.

15 FILED 31 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6 1925, to Jan 29 1925, that I last saw h alive on , 19 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiovascular hypertension
Chronic Nephritis
Uraemia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Trevor Owen, M. D.

Jan 30 1925 (Address) Johns Hopkins Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charlottesville, Va.	Feb 1, 1925
20 UNDERTAKER Fickler & Fickler	ADDRESS 1739 Eager

TYPE

SAFE

Spec.—1-10-21—M&T—1500 Bks.

D 94707

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94707

CERTIFICATE OF DEATH.

101-081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N. Lakewood Av ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. E. Horney

(a) RESIDENCE NO. 716 N. Lakewood Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Estella Horney

6 DATE OF BIRTH (month, day, and year) Apr 25 73

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) National Biscuit Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Thos. Horney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Estella Horney

(Address) 716 N. Lakewood Av

Filed 31 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to January 28, 1925, that I last saw him alive on January 28, 1925, and that death occurred, on the date stated above, at 8 4, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Jan 30, 1925 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dallas Cem.	1/31 1925
20 UNDERTAKER Philip Henry	ADDRESS 2016 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks. Jacob Fresh.

D 94708

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94708

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp St., 11-3-25 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Fresh

(a) Residence No. Belvedere Hotel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 45 yrs. ? mos. ? ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Horseman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Jacob Fresh (Address) Belvedere Hotel

15- Filed 31 1925 Robert P. Harrison, Registrar. (Deputy Health Clerk.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/30/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 19 24 to Jan 30 19 25

that I last saw h[illegible] alive on Jan 30 19 25

and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Sarcinomatosis

(Duration) 1 yrs. 1 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymond F. Johnston, M. D.

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19 25
Balto. Heb. Cem.	2/1
20-UNDERTAKER, Isaac Sondheim	ADDRESS 15 E. Mt. Royal Ave

D 94709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C D 94709

City of BALTIMORE: (No. 917 W. North Ave. St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Leon Greenbaum

(Residence in Baltimore: No. 1905 Eutaw Place St.; yrs. 4½ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. Jan 12, 1855 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
70 yrs. mos. 15 ds.	hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired 1915
(b) General nature of industry, business, or establishment in which employed (or employer): Liquor Dealer,

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Isaac Greenbaum

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mena Frank

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. A. Levy

(Address) 1919 Eutaw St.

15-

31 1925 192

Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 29, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) jury find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

angina pectoris

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Jan. 30 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto. Hebrew Cem.	2/1/ 1925

20-UNDERTAKER. David Sondheim

ADDRESS. 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

D 94710

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94710

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4039 Falls Road, ST. 13-4 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel H. Smith.

(a) RESIDENCE NO. Patapsco, Carroll Co. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina H. Smith.

6 DATE OF BIRTH (month, day, and year) June 18, 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician.

(b) General nature of industry, business, or establishment in which employed (or employer) 154

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ruth Bennett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant L. Gilbert Reedy (Address) 4039 Falls Road.

15 Filed JAN 31 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1925, to Jan 29, 1925, that I last saw him alive on Jan 29th, 1925, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Arteriosclerosis & myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Odema of lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Francis Neilson M. D.

1/30, 1925 (Address) 846 W 36 St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Feb 2, 1925
20 UNDERTAKER	ADDRESS
Walter R. McNamee	4114 Falls Rd

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94711

CERTIFICATE OF DEATH.

100-801

D 94711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1837 N. Duncan ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virgie Mary Busick

(a) RESIDENCE NO. 1837 N. Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 25th, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph C. Busick

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Schaefer

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant (Address) Jos. C. Busick 1837 N. Duncan st.

15 [illegible] 31 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 , 1925 , to Jan 27 , 1925 , that I last saw he alive on Jan 30 , 1925 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher , M. D.

1/30 1925 (Address) 1823 N. Mast. st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL 1/31/1925

20 UNDERTAKER E. O. Fanning Son - 1460 Battery Ave — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94712 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94712

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3929 Boarman Ave St. 15-1 Ward)

Registered No. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Edward L Gilpin

(a) Residence No... 3929 Boarman Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Josephine J Gilpin

6-DATE OF BIRTH (month, day and year) Nov 13 1860

7-AGE, 64 yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Farm Stock

(b) General nature of industry, business, or establishment in which employed (or employer)... Dealer

(c) Name of employer...

9-BIRTHPLACE (city or town)..... (State or Country) Montgomery Co Md

PARENTS.

10-NAME OF FATHER. Edw Gilpin

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country) Montgomery Co

12-MAIDEN NAME OF MOTHER. Sarah Devaney

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Balto Md

14- (Informant) Lucy Gilpin

(Address) 270 N Eutaw St

15- Filed ..... 19?

Robert P. Harrison, Registrar.

JT 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 30/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1925 to Jan 30 1925

that I last saw him alive on Jan 30 1925

and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY —
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? no Balto.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. C. Hall, M. D.

1/30, 1925 (Address) 3901 Fairmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemt

DATE OF BURIAL. Jan 31 1925

20-UNDERTAKER. William Lockard-Ehrlich

ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94713

CERTIFICATE OF DEATH.

D 94713

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 N.Calvert St ST. 27-16 WARD)

2-FULL NAME Infant of William & Mabel Benson

(a) RESIDENCE. No. 29 Mattfeldt Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Jan.29th, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 40 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ----

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Harrison Benson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mabel Grimm

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant
(Address)

15 (Filed) JAN 31 1925 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan.29th,1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan.29,1925. 19 . to Jan.29th,1925. 19 . that I last saw him alive on Jan.29th, 1925. 19 . and that death occurred, on the date stated above, at 10-40 A.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) 40 ms
CONTRIBUTORY (Secondary) 5 mo forceps yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Phys signs

(Signed) [illegible], M. D.

, 19 (Address) 2631 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	JAN 31 1925

20 UNDERTAKER [illegible] Director Health,

ADDRESS

[illegible] Chief Clerk

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94714

CERTIFICATE OF DEATH.

X 101 D 94714

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Charles ST. 27-3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Naomi Wilcox

(Residence in Baltimore: No. 2 Singer Ave

~~St.~~ ~~yrs.~~ 2 mos. ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Nov. (Month) 13 (Day) 1896 (Year)

7-AGE. 28 yrs. 2 mos. 18 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer). 068

9-BIRTHPLACE. (State or Country). Boulder. Colo

PARENTS.

10-NAME OF FATHER. F. M. Wilcox

11-BIRTHPLACE OF FATHER (State or Country). N.Y.

12-MAIDEN NAME OF MOTHER. Maud Sawyer

13-BIRTHPLACE OF MOTHER (State or Country). Neb.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. N. Sisco

(Address) 1315 N. Charles St.

15- Filed 1925 Robert P. Harrison, 191 Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. (Month) 31 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1925, to Jan. 31 1925, that I saw her alive on Jan. 31 1925, and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(Duration) ....yrs. ....mos. 5 da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) H. N. Sisco M. D.

Jan. 31, 1925 (Address) 1315 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 da. In the State ....yrs. 5 mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence Washington, D.C.

19-PLACE OF BURIAL OR REMOVAL. Takoma Park Md and Washington, D.C.

DATE OF BURIAL. Jan. 31, 1925

20-UNDERTAKER H. B. Burris

ADDRESS Wash. D.C.

Spec.—1-10-21—M&T—1500 Bks.

94715 (3731)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94715

CERTIFICATE OF DEATH.

1-PLACE OF DEATH **JOHNS HOPKINS HOSPITAL.** + 23

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Sparks

(a) RESIDENCE NO. Morgantown W. Va. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1406

7 AGE: Years 18 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER: John J Sparks

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va

12 MAIDEN NAME OF MOTHER: Priscilla Pitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va

14 Informant: Records (Address): JOHNS HOPKINS HOSPITAL

15 Filed FEB 1 - 1925 ROBERT R. KRAUTER, Registrar

Mr Ned Sparks Penn R.R.

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Jan 31 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 - 1925 to Jan 31 - 1925, that I last saw living on Jan 31 - 1925 and that death occurred, on the date stated above, at 12 00 A.M.

The CAUSE OF DEATH* was as follows:

Toxic Delirium. ? Encephalitis

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia. ? Cardiac failure

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-23-24

Was there an autopsy? yes

What test confirmed diagnosis? ~~Diagnosis~~

(Signed) Julian D Hall, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgantown W. Va. — DATE OF BURIAL: Jan 31 1925.

20 UNDERTAKER: J. B. Mitchell — ADDRESS: 120 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

178039 D 94716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94716

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 6-V 86-001

CITY OF BALTIMORE: (No. ST., 6 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barton Brown

(a) RESIDENCE No. 1925 Fairmount St. Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? 1 yrs. 9 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 24, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	1	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jacob Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Latvia

12 MAIDEN NAME OF MOTHER Sarah Rosenblatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 1 - 1925 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 27, 1925 to January 31, 1925, that I last saw h in alive on January 31, 1925 and that death occurred, on the date stated above, at 4:50 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions (No cause found other than fever from otitis media).

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Mental deficiency (microcephalus)

Life (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edmund H. Kerper, M. D.

1/31 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	2/1 1925
20 UNDERTAKER Sol Levinson Bro	ADDRESS 1821 E Balto St

Spec.—1-10-21 M&T 1500 Bks.

94717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 D 94717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 6-2 WARD)

2-FULL NAME Louis Fishel

(a) RESIDENCE NO. 2125 E. Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? 33 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie

6 DATE OF BIRTH (month, day, and year) July 5 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER Jacob Fishel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Kellerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jacob Fishel (Address) 2125 E Fairmount ave

15 FEB 1 - 1925 ADELE M. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-26, 1925, to 1-30, 1925, that I last saw him alive on 1-30, 1925, and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) H. Hurwitz M. D.

1/31 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern and

DATE OF BURIAL 2/1 1925

20 UNDERTAKER Sol Leisner & Co

ADDRESS 1127 E Balto st

Stec—12-23-21—E.B.K.S.—400 Eks.

D 94718

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94718

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 123 N. Fine St., 22-24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Gamerman

(a) Residence No. 197 S. Charles St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., If of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Gamerman

6-DATE OF BIRTH (month, day and year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Simon Pulfer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Bessie —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Harry Gamerman

(Address) 197 S. Charles St.

15- FEB 1 - 1925 ROBERT R. KRAUTER, Local Deputy Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 31 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 30, 1925 to Jan 31, 1925

that I last saw h.. alive on Jan 29, 1925

and that death occurred, on the date stated above, at 12:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (Chronic interstitial nephritis)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Harry H. Weinberger M. D.

Jan 31, 1925 (Address) 7 Park Square

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Rehrem Rosedale	1925
20-UNDERTAKER.	ADDRESS
Jack Levin	1129 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94719

CERTIFICATE OF DEATH.

90 D 94719

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3620 Sycamore Av ST., 13-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bettie C. Covey

(a) RESIDENCE No. 3620 Sycamore Av. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Covey

6 DATE OF BIRTH (month, day, and year) March 31-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Reuss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Mary L. Covey

(Address) 3620 Sycamore Av.

15 Filed EB 1 - 1925 AUSTIN R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 25, to Jan 29, 19 25, that I last saw h alive on Jan 29, 19 25, and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Nephritis. H. B. Burnett

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Jos. Gilliland M. D.

1/31, 1925 (Address) 1111 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's (Hampden) DATE OF BURIAL Feb. 2 1925

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Rd

Spec.—6-9-19—H. P. Co.—1000 Bks.

94720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S. Regester ST.; V-1 WARD)

REGISTERED No. 179 D 94720

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Drake

(a) RESIDENCE. No. 30 S. Regester ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred about 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	Col	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth Drake

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 44				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Day)

(b) General nature of industry, business, or establishment in which employed (or employer) O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Co Va

PARENTS

10 NAME OF FATHER Thos Drake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rich Co. Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond County Va

14 Informant Elizabeth Drake

(Address) 30 S Regester st

Filed B 1 - 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 12th 1924, to Jan 10th 1925, that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 10 01 m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob F Wessen, M. D.

, 19 (Address) 303 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodberry Cem	1/12 1925
20 UNDERTAKER	ADDRESS
Jas. Mc Skinner	1635 E. Madison St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94721

CERTIFICATE OF DEATH.

90D 94721

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 212 East St ST.: 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hurst

(a) RESIDENCE. No. 212 East ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word)
Female	C. Card	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hurst

6 DATE OF BIRTH (month, day, and year) January 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) VA

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mary Hurst (Address) 212 East St

15 Filed FEB 1 1925 . 19.... ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30, 19~~24~~. to Jan 29, 1925.

that I last saw h~~er~~ alive on Jan 29, 1925.

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt L Green, M. D.

2-1, 1925 (Address) 120 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetery	Feb. 1 1925

20 UNDERTAKER Wm R.G. Elliott ADDRESS 1725 Eutaw

Cor.—1-12-23—M&T—100 Bks.

94722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-1 74B 94722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Walker Court ST., 7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ebans Mooney

(a) RESIDENCE No. 1605 Walker Court ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Orderly
(b) General nature of industry, business, or establishment in which employed (or employer): Johns Hopkins
(c) Name of employer: Hospital

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lavina Bonds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14
Informant: Leander Mooney
(Address): 304 N. Bathel St

FEB 1 - 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Reported Epilepsy (duration) yrs. mos. ds.

(Signed) J S H Owen (Coroner.), M. D.

2-1-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: mt zion cemetery — DATE OF BURIAL: Feb 2 1925

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94723

CERTIFICATE OF DEATH.

2 D 94723

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2202 Pa. Ave ST., 15-13 WARD)

2-FULL NAME William Carroll

(a) RESIDENCE NO. 2202 Pa. Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Fannie Carroll

6 DATE OF BIRTH (month, day, and year) Mar 7, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hostler

(b) General nature of industry, business, or establishment in which employed (or employer) 024

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Alice Thornton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Fannie Carroll

(Address) 2202 Pa Ave.

FEB 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to Jan 29, 1925, that I last saw h[im] alive on Jan 26, 1925 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

, tuberculosis of Lungs

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr William Frey M. D.

(Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Feb 2 1925

20 UNDERTAKER Mr J Gas H. Dennis per T. E Kelson

ADDRESS 1303 Prestman

Spec.—6-9-19—H. P. Co.—1000 Bks.

Paul Kato

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

D 94724

CERTIFICATE OF DEATH.

16 D 94724

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 435 Monroe ST.: 14-W (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Kato

(a) RESIDENCE. NO. 435 Monroe ST., 17 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 18/1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Paul Kato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Amanda Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portsmouth Va

14 Informant (Address) Mrs Amanda Kato 435 E Monroe St

15 Filed FEB 1 - 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/25

17 I HEREBY CERTIFY, That I attended deceased from 1/27/25 to 1/30/25, 19 25

that I last saw him alive on 1/29/25, 19

and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia Croupal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

2/1/25 (Signed) [illegible], M. D.

19 (Address) 37 S Stricker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 2nd 1925

20 UNDERTAKER: A. Jones — ADDRESS: 111 S Gilmor

Spec.—6-9-19—H. P. Co.—1000 Blks.

Pete Nate

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94725

CERTIFICATE OF DEATH.

161-00 D 94725

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 435 Monroe (St.:) 19 (Ward) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Nate

(a) RESIDENCE. No. 435 Monroe St. 19 WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	N.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1/19/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Nate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Alexander Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Alexander Nate (Address) 435 Davis St.

15 FEB 1 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29/25

17 I HEREBY CERTIFY, That I attended deceased from 1/27, 1925, to 1/29, 1925, that I last saw h[illegible] alive on 1/28, 1925, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Asthenia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

2/1/25 (Signed) H. W. Kenny, M. D.

(Address) 375 E. Fort

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

London Park Feb 2nd 1925

20 UNDERTAKER A. Jones

ADDRESS 2111 E. Gilmor St

Cor.—1-12-23—M&T—100 Bks.

94726

HEALTH DEPARTMENT—CITY OF BALTIMORE

94726

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Franklin Sq Hospital ST. ..... WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stojan Kalchok

(a) RESIDENCE NO. 1354 So. Woodyear ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Black Smith Helper
(b) General nature of industry, business, or establishment in which employed (or employer) STORK
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant D. N. Police Station
(Address)

15 FEB 1 - 1925 ROBERT R. KRAUSER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisitory (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquisitory (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Inhaling Illuminating Gas — accidental
(Duration) yrs. 6½ mos. hrs.
CONTRIBUTORY (Secondary) did not turn stop cock off entirely (Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)
Jan 30, 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Accid. Md

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 2nd 1925

20 UNDERTAKER	ADDRESS
A. Jones	1115 S. Gilmor

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94727

CERTIFICATE OF DEATH. Irvington 91-02 D 94727

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Amos. Seilman Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma R. Keith

(a) Residence No. 1501 William St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Keith

6-DATE OF BIRTH (month, day and year) Aug. 24 1848

7-AGE	If LESS than 1 day,
76 yrs. 5 mos. 6 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. Md. (State or Country),

PARENTS:

10-NAME OF FATHER, William Webb

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country),

14- (Informant) Mr. John Keith

(Address) 133 E. Fort Ave.

15- Filed FEB 1 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jany. 30 25

17- I HEREBY CERTIFY, That I attended deceased from 12/3 19 25 to Jany. 28 1925

that I last saw h alive on Jany. 28, 1925

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-Sclerosis

(Duration) 5 yrs. 2 mos. 0 ds

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 0 yrs. 0 mos. 7 ds

18-Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Brown M. D

19 (Address) 700 N. Howard

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Della. Md.	2/2 19

20-UNDERTAKER,	ADDRESS
J. Fen McCully	130 E. Ft

Spec.—1-10-21—M&T—1500 Bks.

7816

17D 94728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94728

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 9-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Claude Day

(a) RESIDENCE NO. Bridge P.O. Ft. Ft. Pa. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ft. Pa.

PARENTS

10 NAME OF FATHER: Frank Day

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va

12 MAIDEN NAME OF MOTHER: Fanny Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 FEB 2 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 — 1925 to Feb 1 — 1925, that I last saw him alive on Feb 1 — 1925 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Endothelioma arising

Pleura

(duration) yrs. 4? mos. ds.

CONTRIBUTORY (Secondary) Empyema (25)

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis C. Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clarksburg W Va

DATE OF BURIAL: 1/2/25

20 UNDERTAKER: Joseph Ahrens

ADDRESS: 221 Berry

THIS IS very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94729

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94729

CERTIFICATE OF DEATH.

9-7 98

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508n N. Caroline St ST., 9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Margaret S.Linhard
1508 N.Caroline St

(a) RESIDENCE NO. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Andrew Linhard

6 DATE OF BIRTH (month, day, and year) August 16-1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Organist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer St. Paul's Church

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John F. Slater

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Frederick I. Linhard son
(Address) 1508 N. Caroline St

15 Filed FEB 2 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Vomiting-indigestion

(duration) yrs. mos. ds.

(Signed) J. M. Caine, M. D.
(Coroner.)

1-31-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 2/2 1925

20 UNDERTAKER Henry W. Meade & Son ADDRESS 605 N. Calvert

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94730

CERTIFICATE OF DEATH.

101-001

D 94730

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2819 Hudson St. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Addie Hook (Adline Hug)

(a) Residence No.... 2819 Hudson St. St., 1 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hook.

6-DATE OF BIRTH (month, day and year) Nov 3-1843

7-AGE, 81 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... at home.

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Paul Deemer

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Florence Ruhl.

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany.

14- (Informant) Mary C. Hansen

(Address) Eastern Ave 29th St.

FEB 2 - 1925 Filed. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 29-1925

17- I HEREBY CERTIFY, That I attended deceased from January 22nd 1925 to January 29th 1925 that I last saw her alive on January 29th 1925 and that death occurred, on the date stated above, at 11.40 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb R. Athey, M. D.

Jan 31, 1925 (Address) 100 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL, Feb. 2, 1925

20-UNDERTAKER, Lilly & Zeller ADDRESS 433 S. Wolfe

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94731

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9473I

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 S. Eden ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Samuels

(a) RESIDENCE. No. 132 So. Eden ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? 17 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sam Samuels

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joe Saynds
(Address) 1247 E. Lexington St

15 Filed . 19 ROBERT R. KRAUTER, Registrar
FEB 2 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from April 5 . 1924 , to Feb 1st , 1925 , that I last saw him alive on Feb 1st , 1925 , and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Saml Sapper, M. D.
2/1, 1925 (Address) 1634 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — DATE OF BURIAL: Feb 2 19

20 UNDERTAKER: Sparrow Bro — ADDRESS: 1127 E Balto St

Spec.—6-9-19—11. P. Co.—1000 Bks.

D94732

HEALTH DEPARTMENT—CITY OF BALTIMORE

D94732

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 912 Belair Road ST.; 27-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Marsiglia

(a) RESIDENCE. NO. 912 Belair Road ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 20 1923

7 AGE: Years 1; Months 8; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Samuel Marsiglia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Liberto

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Samuel Marsiglia
(Address) 912 Belair Road.

FEB 2 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1925 to Jan 30 1925

that I last saw h in alive on Jan 30 1925

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute Otitis Colitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. B. L. Campbell M. D.

Jan 31. 1925 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 2/2 1925

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Av

Spec.—1-10-21—M&T—1500 Bks.

D 94733 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. D 94733

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-6 ST., WARD)

2-FULL NAME Georgie Smith

(a) RESIDENCE No. 1808 N Spring St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Edward Smith

6 DATE OF BIRTH (month, day, and year): ?

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ?

(b) General nature of industry, business, or establishment in which employed (or employer): #

(c) Name of employer: #

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS

10 NAME OF FATHER: Henry Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Henrietta Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 2 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1925, to January 29, 1925, that I last saw her alive on January 29, 1925 and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary): Hypertension,

(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Healy M. D.

19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Feb 2 1925

20 UNDERTAKER: Geo. J. Rutt.

ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

D 94734

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

D 94734
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 939 Hollins ST. 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clyde Slacum, Jr.

(a) RESIDENCE NO. 939 Hollins ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred \ yrs. 5 mos. \ ds. \ How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, \ hrs. or \ min.
	\	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Clyde Slacum,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Hazel Wallace,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md.

14 Informant Clyde Slacum
(Address) 939 Hollins St.

15 Filed FEB 2 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31. 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24. 1925, to Jan. 31. 1925, that I last saw him alive on Jan. 31. 1925, and that death occurred, on the date stated above, at 5 17 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia,
(Primary)

(duration) \ yrs. \ mos 7 ds.

CONTRIBUTORY (Secondary) None,

(duration) \ yrs. \ mos. \ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no,

What test confirmed diagnosis? Physical Exam, &c.

(Signed) Chas. Norton, M. D.

(Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Feb 2 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Pratt St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94735

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94735

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1913 Wilhelm St., 26-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan A. Miller

(a) Residence No. 1913 Wilhelm St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Miller

6-DATE OF BIRTH (month, day and year) Jan. 23 1882

7-AGE, 43 yrs. X mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: William E. Gineman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Howard Co. Md.

12-MAIDEN NAME OF MOTHER: Mary E. Lee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md.

14- (Informant): William E. Gineman

(Address): 1913 Wilhelm St.

FEB 2 - 1925

HUBERT R. KRAUTER.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 31 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 4, 1924, to Jan. 31, 1925, that I last saw her alive on Jan. 31, 1925, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. 27 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

1/31 1925 (Address) 105 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Pikesville	Feb. 4, 1925
20-UNDERTAKER.	ADDRESS
Joseph B Cook	1003 N. Calvert St

Spec—12-23-21—E.B.F.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94736

CERTIFICATE OF DEATH.

13 D 94736

1-PLACE OF DEATH St Joseph's Hospital, 16-4 Registered No.

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank C. Whiteford Jr.

(a) Residence No. 1105 N. Monroe St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Zillah T.L.Whiteford

6-DATE OF BIRTH (month, day and year) Jan.8,1886

7-AGE. 39 yrs. 0 mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman

(b) General nature of industry, business, or establishment in which employed (or employer). (Self)

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Frank C. Whiteford

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Maryland

12-MAIDEN NAME OF MOTHER. Kate M.Whiteford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). New York

14- (Informant). Mrs Zillah Whiteford

(Address). 1105 N. Monroe Street

15- Filed ..... 19.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 1,1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27 1925 to Feb. 1 1925

that I last saw h.. alive on Feb. 27 25 8 Os 19..

and that death occurred, on the date stated above, at 8 Os 0 m.

The CAUSE OF DEATH* was as follows:

Stone in Urinary Bladder and Tuberculosis of Cystitis

(Duration) ..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Renal Insufficiency

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/28/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Operative

(Signed) B. M. Rhodes, M. D

2-2 1925 (Address) St. Joseph's Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL. Feb 4 1925

20-UNDERTAKER. Joseph L. B. Cook ADDRESS 1003 W. Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94737

CERTIFICATE OF DEATH.

1419 D 94737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St.; 16-7 WARD

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Jennie De Baer.

(Residence in Baltimore: No. 1600 Edmondson Avenue St.: 11yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, August 8th (Month) (Day), 1873 (Year)

7-AGE, 51 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Charles W. Johannes

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Maryland

12-MAIDEN NAME OF MOTHER Mary Langdorf

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Evelyn DeBaer

(Address) 1600 Edmondson Avenue

Filed Jan. 30th, 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Jan 30th, 1925 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29th 1925, to Jan 30th 1925, that I saw h[illegible] alive on Jan 30 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilation Heart

(Duration) ....yrs. 4 hrs mos.....

CONTRIBUTORY (Secondary) Hypertension

(Duration) 5 yrs. 1 mos. 5 ds.

(Signed) Edwin R. Hartman M. D.

Jan 30 1925 (Address) 6300 Fullerton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 3rd, 1925

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Paca

D 94738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1486 D 94738

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stormer E. Waidner

(Residence in Baltimore: No. 11 Melvin Avenue, Catonsville, Md. St.; U.S yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH,

..... 1 .....
(Month) (Day) (Year)

7-AGE.

yrs.	mos.	ds.	If LESS than 1 day, hrs. or min.?
33			

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Supt-Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Harry Busick

9-BIRTHPLACE, (State or Country): Baltimore, Maryland

PARENTS.

10-NAME OF FATHER: Edward Waidner

11-BIRTHPLACE OF FATHER, (State or Country): Baltimore, Maryland

12-MAIDEN NAME OF MOTHER: Nannie G. Johnson

13-BIRTHPLACE OF MOTHER, (State or Country): Baltimore, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine C. Waidner

(Address) 11 Melvin Ave. Catonsville, Md

15-

FEB 2 - 1925 ROBERT R. KRAUTZ
Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30th 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion Brain
Punctured R. Lung

(Duration) yrs. 15 hours.

CONTRIBUTORY (Secondary) Struck by Street Car

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)

1-30 192 5 (Address) Cedar and Curtis Avenues

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Feb. 2" 19 25

20-UNDERTAKER, Joseph B. Cook ADDRESS 1003 N. Eutaw St.

94739

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1170 D 94739

1-PLACE OF DEATH

City of BALTIMORE: (No. 4015 Reisterstown road 15-3 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Knouss

(Residence in Baltimore: No. 4015 Reisterstown road St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (Write the word.): Married

6-DATE OF BIRTH: 3 (Month) 31 (Day) 1886 (Year)

7-AGE: 38 yrs. 10 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066

9-BIRTHPLACE (State or Country): Pennsylvania

PARENTS

10-NAME OF FATHER: W. A. Knouss

11-BIRTHPLACE OF FATHER (State or Country): Pa

12-MAIDEN NAME OF MOTHER: Theresa A Smith

13-BIRTHPLACE OF MOTHER (State or Country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Ward Knouss

(Address) 342 S East ave

15-

Filed FEB 2 - 1925 ROBERT R. KRAUTER, Registrar.

~~Burial Permit Clerk.~~

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 31, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gun shot wound in head. (Revolver)

(Duration) about an hr. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D. (Coroner)

Feb 2 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: J F Matthews

DATE OF BURIAL: 2/2 1925

20-UNDERTAKER: John Ullrich

ADDRESS: 2008 Orleans

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94740

D 94740

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1524 Ashland ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Davenport

(a) RESIDENCE No. 1524 Ashland Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 4 1871

7 AGE: Years 54 Months Days 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Prince Edward Co. Va.

PARENTS

10 NAME OF FATHER: Moses Mickel

11 BIRTHPLACE OF FATHER (city or town) (State or country): P. Edw. Co Virginia

12 MAIDEN NAME OF MOTHER: Millie Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Edward Co. Va.

14 Informant (Address): Bettie F. Morton 1524 Ashland Ave

15 Filed FEB 2 - 1925 ROBERT N. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 30 1925

17 I HEREBY CERTIFY, That I attended deceased from 28 Oct, 1924 to Jany 29, 1925 that I last saw h e w alive on Jany 29, 1925 and that death occurred, on the date stated above, at 6. P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma & Asthma

Asthma (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exposure & Cold (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam Path

(Signed) expired J. Weakley M. D.

, 19 (Address) 1623 Ashland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prince Edward Co Va — DATE OF BURIAL: Feb 2 1925

20 UNDERTAKER: Robert Wilkins — ADDRESS: 1115 N. Gilmore St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94741

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 Ensor St., 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Angelo O'Connor

(a) Residence No. 1113 Ensor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) January 1st 1896

7-AGE. 29 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, George P. O'Connor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER, Mary A. McDermott

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balt Md

11- (Informant) Mr. George P. O'Connor

(Address) 1113 Ensor St

15- FEB 2 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1925 to Feb 1 1925

that I last saw her alive on Jan 31 1925

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Malignant Scarlet Fever

(Duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Faulon M. D

Feb 1 1925 (Address) 701 E Chase

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	February 2 1925
20-UNDERTAKER	ADDRESS
Henry Storck Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

1048

D 94742

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94742

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 6 90 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Kresina

(a) RESIDENCE NO. 7 N Wolfe St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Nov 7-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Kresina

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Tillie Hirst

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 FEB 2 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 1924, to Jan 31 1925; that I last saw her alive on Jan 31 1925 and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease
(Mitral insufficiency + stenosis)
..... (duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Streptococcus viridans endocarditis (Superimposed)
..... (duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture + autopsy

(Signed) Edmund H. Kepler, M. D.

1/31, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	2/3 1925
UNDERTAKER	ADDRESS
William Fiallkowski	1618 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94743

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 94743

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3130 Dillon St., 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. GRACE M. Duvall

(a) Residence No. 3130 Dillon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Single. Widowed, or Divorced, (Write the word.)
Female.	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 9. 1923

7-AGE.	If LESS than 1 day,
1 yrs. 4 mos. 15 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Charles Duvall

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Anna Dreyer.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant). Mrs Anna Duvall

(Address) 2130 Dillon St.

15- Filed ..... 192.... ROBERT R. KRAMER, Registrar.

FEB 2 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 31, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1925 to Jan 31 1925 that I last saw her alive on Jan 30 1925 and that death occurred, on the date stated above, at 9.11 A.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. d.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

2/ (Signed) A. J. Golow M. D.

, 192 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem.	Feb. 2 1925
20-UNDERTAKER. H. Sander Sons	ADDRESS 1710 Eliot St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94744

CERTIFICATE OF DEATH.

100-001

D 94744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 7-2 WARD)

2-FULL NAME Charles Tilghman

(a) RESIDENCE NO. 507 Oxford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Tilghman

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed FEB 2 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-30 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-3, 1924, to 1-30, 1925, that I last saw h[illegible] alive on 1-30, 1925, and that death occurred, on the date stated above, at 1 00 P. m. The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Labo

(Signed) Chas E. Done, M. D.

1-31, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1/3 1925

20 UNDERTAKER Samuel K Smedley

ADDRESS 28 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

34745

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94745

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Mc Culloh ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Frank Franklin

(a) RESIDENCE NO. 1202 Mc Culloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Apr 20, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	50	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0-10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) A A Co (State or country) Md

PARENTS

10 NAME OF FATHER Robert Franklin

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James L. Franklin (Address) 525 Webster

Filed B 2- 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1925, to Jan. 30, 1925, that I last saw him alive on Jan. 29th, 1925, and that death occurred, on the date stated above, at 10:15 a.m.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) yrs. mos ✓ ds.

CONTRIBUTORY (Secondary) Exposure

(duration) ✓ yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

1/30, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	2/2 1925
20 UNDERTAKER	ADDRESS
Samuel P. Hawley	Reddish

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94746

CERTIFICATE OF DEATH.

D 94746

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 669 Bradley ST.; 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Goodwin

(Residence in Baltimore: No. 669 Bradley St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, April 18, 1872 (Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... W W
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Bentley Johnson

11-BIRTHPLACE OF FATHER (State or Country), West India

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Bogwell

(Address) 669 Bradley St

15-

Filed Feb 2 - 1925, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1925, to Jan 30 1925, that I saw h[illegible] alive on Jan 29 1925, and that death occurred, on the date stated above, at 2.45 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Brights Disease

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. N. King M. D.

1-30, 1925 (Address) 625 N Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Westminster Md DATE OF BURIAL, Feb 5 - 191..

20-UNDERTAKER Samuel K Hensley ADDRESS 638 N Eddew St

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94747

CERTIFICATE OF DEATH.

128 D 94747.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 928 Linden Ave ST.: 11-X (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louise Shorts

(a) RESIDENCE. NO. 928 Linden Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Randolph Shorts

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): West Point Miss

PARENTS

10 NAME OF FATHER: Major Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ded

12 MAIDEN NAME OF MOTHER: Lucy Ted

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ted

14 Informant (Address): Rebecca Polley 928 Linden Ave

Date FEB 2 - 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan, 30 25

17

I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1925, to Jan 31st, 1925.

that I last saw h.. alive on Jan 31, 1925.

and that death occurred, on the date stated above, at 5-40A. M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary): Marke debility

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary test

(Signed) W. Paul Foster, M. D.

, 19 (Address) 3 E 39 W. Lidkat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	1/2 192[illegible]

20 UNDERTAKER: Samuel T. Ansley

ADDRESS: Middle

Spec—12-23-21—E.B.R.S.—400 Pks.

D 94748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-190

D 94748 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 806 N. Stricker St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Walton E. Taylor

(a) Residence No. 806 N. Stricker St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. — mos. 11 ds. How long in U. S., if of foreign birth? 78 yrs. — mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of Mollie King

6-DATE OF BIRTH (month, day and year) Jany. 20, 1847

7-AGE. 78 yrs. — mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retail Cigar Business

(b) General nature of industry, business, or establishment in which employed (or employer). Retired

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John W. Taylor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Henrietta Freese

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Chas. Taylor

(Address) 806 N. Stricker St.

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jany 31/25

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1923 to Jan. 31 1925

that I last saw him alive on Jan 31 1925

and that death occurred, on the date stated above, at 1.55 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Duration not definite yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Benj. S. Hayden M. D.

2/1, 1925 (Address) 1216 N. Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feby 3, 1925

20-UNDERTAKER. Harry W. Ehlen ADDRESS 1944 W. Northern

Spec.—1-10-21—M&T—1500 Blks.

O.K. N.K. Gorsuch

D 94749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94749

REGISTERED NO.

1-PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Abraham Johnson

(a) RESIDENCE NO. 1119 Kirk St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... mtn.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Municipal Hosp.

(Address)

FEB 2 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-25

17

I HEREBY CERTIFY, That I attended deceased from 1-29-25, 19 . to 1-29-25 19 ,

that I last saw him alive on 1-29-25, 19 ,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Primary cause of death not determined

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Winston P. M. D.

, 19 (Address) Univ Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2-2 1925

20 UNDERTAKER David Carter

ADDRESS 516 Cam Ave

Dr Mahoney Noland Ave

D 94750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94750

1-PLACE OF DEATH

City of BALTIMORE: (No. 228 N Belvidere Ave. St., 27-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lemuel G Brandenburg

(Residence in Baltimore: No. 228 N Belvidere Ave St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. June (Month) 20 (Day) 1871 (Year)

7-AGE. 53 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): U. R. R. Co

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Eliza Brandenburg

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Martha Walch

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora E Brandenburg

(Address) 228 N Belvidere Ave

Filed FEB 2 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

Signed Thos Morrissey M. D. (Coroner)

Feb 1 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Ebenezer Cem. Carroll Co. DATE OF BURIAL. Feb 3 1925

20-UNDERTAKER. J. M. Cook ADDRESS 502 E Fort Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94751

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4319 Reedy Ave St., 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William H. Bowerman

(a) Residence No. 4319 Reedy Ave St., Ward.

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. Male

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced (HUSBAND of (or) WIFE of) Grace Bowerman

6-DATE OF BIRTH (month, day and year) Mar 5 1843

7-AGE. 81 yrs. 10 mos. 25 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cashier, Retired

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer. Canton Ins Co

9-BIRTHPLACE (city or town) (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Henry Bowerman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). England

12-MAIDEN NAME OF MOTHER. Elizabeth Brays

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Joseph A. Baumann

(Address) 512 W. Hoffman

15- Filed FEB 2 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 30/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 28, 1925 to Jan 30 1925 that I last saw h[illegible] alive on Jan 30 1925 and that death occurred, on the date stated above, at 2 40 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. A. Duncan M. D

Jan 31, 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Johns Woods	Feb 2 1925
20-UNDERTAKER.	ADDRESS
William Cook	532 E Balto

Dr. Condon 1517 E North Ave.

Form—12-23-21—E.B.R.S.—400 Eds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94752

D 94752

CERTIFICATE OF DEATH.

65-

9-5

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1631 East 25th St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred J Myers

(a) Residence No. 1631 East 25th St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: W.

5-SINGLE, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Myers

6-DATE OF BIRTH (month, day and year) Sept 25, 1878

7-AGE. 46 yrs. 4 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Supt 086

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balt Life Ins Co

9-BIRTHPLACE (city or town) (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Louis A Myers

11-BIRTHPLACE OF FATHER (city or town) (State or Country): England

12-MAIDEN NAME OF MOTHER: Margaret A Laing

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): England

11- (Informant) Ada Myers (Address) 1631 East 25th St

13-

FEB 2 - 1926

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 31-25

17- I HEREBY CERTIFY, That I attended deceased from May 30 19 25 to Jan 31 19 26

that I last saw h— alive on Jan 31, 19 26

and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Hodgkin's Disease

(Duration) yrs. 8 mos. 1 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Not immediately.

Was there an autopsy? No

What test confirmed diagnosis? Laboratory examination of tissue + blood.

(Signed) J A Bowden M. D.

2/1/ 19 26 (Address) 1517 E North Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL. Feb 3 19 26

20-UNDERTAKER: Wm Cook

ADDRESS 502 E Fort Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

94753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94753

1-PLACE OF DEATH

City of BALTIMORE: (No. 1118-6th Street St., 25-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frederick-O. Schaller

(a) Residence No. 1118-6th Street St., Mount Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie

6-DATE OF BIRTH (month, day and year) 12-2-1857

7-AGE. 67 yrs. 1 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Belt Dy Dept

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-(Informant) Annie Schaller

(Address) 1118-6th St

FEB 2 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 1, 25

17. I HEREBY CERTIFY, That I attended deceased from May 1, 19 24 to Feb 1, 19 25

that I last saw him alive on Jan 31, 19 25

and that death occurred, on the date stated above, at 12 40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo Lyn Kieffer, M. D.

Feb 1, 19 25 (Address) 2320 Eutaw Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill — DATE OF BURIAL. Feb. 3, 1925

20-UNDERTAKER. Wm Cook — ADDRESS. 502 E Fayette

3 .Spec—12-23-21—E.B.R.S.—400 Bks.

D 94754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 10-001
D 94754

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital 33rd Calvert St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mr. Robert Gill Dimpfel

(a) Residence No. 307 Lamed Ave - Lamed Md. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6-DATE OF BIRTH (month, day and year) — 1882

7-AGE. 42 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Salesman

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Frederick Dimpfel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Theresa Bill

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore, Md

14- (Informant) Frederick Dimpfel

(Address) 1922 Linmore Ave

15-

Filed..... 192... ROBERT R. KRAUTER, Registrar.

FEB 2 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31 1925 to Feb 1 1925

that I last saw him alive on Feb 1 1925

and that death occurred, on the date stated above, at 5 25 P. m.

The CAUSE OF DEATH* was as follows:

Pyo-pneumo Thorax

Coroner J. Thomsen

2 wks ? (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia, Lobar

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. Gustin Pearre M. D.

, 19 (Address) Union Memorial Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Elizabeth N. J. | DATE OF BURIAL, Feb 3 1925

20-UNDERTAKER. J. M. Cook | ADDRESS 502 E Fayette Ave

D 94755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94755

1-PLACE OF DEATH

City of BALTIMORE: (No. 2037 Mc Cullough St. 14-17 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland Cook

(Residence in Baltimore: No. 1722 Mc Cullough St. St.; yrs. 23 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	married

6-DATE OF BIRTH. About (Month) (Day) 1901 (Year)

7-AGE. 23 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Presser.
(b) General nature of industry, business, or establishment in which employed (or employer): D

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Martin Cook

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mamie Harris

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Cook.

(Address) 1722 Mc Cullough St.

15- Filed FEB 2 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 31 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gun-shot wound in Chest.
(Recent)
(Duration) yrs. mos. 5 minutes ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D. (Coroner)

Feb 2 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Mt. Auburn Cemetery 2/3/25

20-UNDERTAKER. ADDRESS
Geo. F. A. Libra 1735 Druid Hill Ave

Spec. 6-9-19—H. P. Co.—1000 Bks.

94756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94756

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1804 Barclay ST. (or WARD) 12-5

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Elizabeth Witters

(a) RESIDENCE. No. 1804 Barclay ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Thos D Witters

6 DATE OF BIRTH (month, day, and year): Aug 5 1844

7 AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: David Nicol

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Sarah E Farlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address): Chas Witters 1824 N Bond St.

15 Filed: FEB 2 - 1925

ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 26 1925 to Jany 31 1925 that I last saw h alive on Jany 30 1925 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. A. Dawson, M. D.

2/1 1925 (Address) 1517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount — DATE OF BURIAL: Feby 3 1925

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

D 94757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

-31 V D 94757

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 13-5 WARD)

2-FULL NAME Catherine Lingenfelder

(a) RESIDENCE No. 1664 Richland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 13, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Christopher Lingenfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillian Poulsen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Christopher Lingenfelder (Address) 1564 Richland St

15 Filed FEB 2 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to Jan 31, 1925, that I last saw h[illegible] alive on Jan 31, 1925 and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Congenital Tuberculosis + Heart Disease (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam + X Ray

(Signed) W Wallace Walker, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 2 1925

20 UNDERTAKER: J. M. Cook — ADDRESS: 502 E Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94758

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 V D 94758

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. Ward) 27-6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Stehl

(a) Residence No. 633 Colorado Ave St., Roland Park Ward.
(Usual place of abode) Resided in Oklahoma from 1917 to 1922
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced
HUSBAND of (or) WIFE Virginia Coulter Stehl

6-DATE OF BIRTH (month, day and year) July 3 1873

7-AGE. 71 yrs. 6 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Traveling Salesman Hardware

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Stehl

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Marie Bauchrein

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant) Mary C. Stehl

(Address) 645 Continental Bldg.

FEB 2 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 31 1925

17- I HEREBY CERTIFY, That I attended deceased from 1/25/25, 19 25 to 1/31/25, 19 25 that I last saw h. alive on 1/31, 19 25 and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/26/25

Was there an autopsy? Yes -

What test confirmed diagnosis?

(Signed) Raymond L. Johnston M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount Cemetery	Feby 2, 1925
20-UNDERTAKER.	ADDRESS
Chas. D. Black	742 N. North ave

D 94759 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1-4 D 94759

1-PLACE OF DEATH

City of BALTIMORE: (No. Philadelphia Rd & Stemmers Run 26 Ward)

2-FULL NAME Paul German

(Residence in Baltimore: No. Philadelphia Rd & Bowley Lane St.; 29 yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): widower

6-DATE OF BIRTH: March (Month) 19 (Day) 1845 (Year)

7-AGE: 76 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Rolling mill

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Francis German

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mike Karys

(Address) Stemmers Run

15-

Filed, FEB 2 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 28 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Complete Rupture of Mitral Steam & Heart while walking beside R R track (Duration) ..... yrs. ..... mos. Instantaneous

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenlon M. D. (Coroner)

Feb 5 1925 (Address) 711 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Stemmers Run	2-2- 1925

20-UNDERTAKER.	ADDRESS
Jos T Lewis	1439 E Baa

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 34760 — 1-PLACE OF DEATH

1925 D 34760 — REGISTERED NO.

CITY OF BALTIMORE: (No. 836 S. Bond ST.; 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME—Augusta Neusslein

(a) RESIDENCE. NO. 836 S Bond ST., 2nd WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Neusslein

6 DATE OF BIRTH (month, day, and year): March 29th 1859

7 AGE — Years: 65 — Months: 10 — Days: 2 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Frederick Streib
11 BIRTHPLACE OF FATHER (city or town) (State or country): Streib Germany
12 MAIDEN NAME OF MOTHER: Mary Ehrhardt
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr George Neusslein
(Address) 836 S Bond St

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar
FEB 2 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Jan 30, 1925,
that I last saw h[illegible] alive on ....., 19.25,
and that death occurred, on the date stated above, at 3.45 a m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) .... yrs. 2 mos. .... ds.

CONTRIBUTORY (Secondary)
(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) A. G. Gordon, M. D.
2/1, 1925 (Address) 1418 E. Fayette st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Feb 3rd 1925

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94761

CERTIFICATE OF DEATH.

10 D 94761

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST.; 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Helen J. Griffin

(Residence in Baltimore: No. 645 W. Lexington St. St.; 28 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 11th, 1885
(Month) (Day) (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 037
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Wife

9-BIRTHPLACE, (State or Country), Chicago Ill

PARENTS.

10-NAME OF FATHER, William O'Neill

11-BIRTHPLACE OF FATHER (State or Country), Irland

12-MAIDEN NAME OF MOTHER Mary Redgerwy

13-BIRTHPLACE OF MOTHER (State or Country), Irland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Michael Griffin

(Address)..645 W. Lexington St

15-

Filed....., 191....

ROBERT R. KRAUTER, Burial Permit Registrar.

FEB 2 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st 1925, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-30-25 191..., to 1-31-25 191..., that I saw h[illegible] alive on 1-31-25 191..., and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary).....

..... (Duration)..... yrs..... mos..... ds.

(Signed) M. D. Lane M. D.

....., 191... (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmell — DATE OF BURIAL, 2/3/25, 191...

20-UNDERTAKER J. Ahern & Co — ADDRESS 3314 Penna

Spec.—1-12-23—M&T—500 Bks.

D 94762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-02

D 94762

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Moore

(a) RESIDENCE NO. 418 N. Broadway City
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WARD
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mass
(State or country)

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Mass

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mass

14 Informant W W Anderson
(Address) 807 N. Fremont Ave

15 Filed FEB 2 1925 19 ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/29, 1925, to 1/31, 1925, that I last saw him alive on 1/31/25, 19, and that death occurred, on the date stated above, at 10.55 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death? Asbury Ind. School

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Examination

(Signed) J O'Donnell, M. D.

, 19 (Address) St Agnes Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Betterton Md

DATE OF BURIAL 2/2/25 19

20 UNDERTAKER Joseph Ahrens

ADDRESS 220 Bway

D 94763

Spec. Ord. 27 A. B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94763

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 38 W. West St., 23-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Chauncey Cogill

(a) Residence No. 38 W. West St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed or divorced, HUSBAND of (or WIFE of)

6-DATE OF BIRTH (month, day and year) Mar. 1866

7-AGE. 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cook

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country) Courtland Va.

PARENTS.

10-NAME OF FATHER. Edward Boyd

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Frank Cogill

(Address) 38 W. West St.

15- Filed FEB 2 - 1925 20- Registered

ROBERT R. KRAUSER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 29 - 25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 24 1925 to June 29 1925 that I last saw h. alive on Jan. 29 1925 and that death occurred, on the date stated above, at 5.30 P. m. The CAUSE OF DEATH* was as follows:

Dr. Chauncey was suffering with Intramural Complications Specified

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

Were there any significant conditions contributing to death but not related to the disease or condition causing it? Intramural Complications

(Signed) J. F. Wellington M. D.

1/30 .25 (Address) 715 Lanvale St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Courtland Va

DATE OF BURIAL. Feb 2 — 1925

20-UNDERTAKER. J. W. Brown & Son

ADDRESS 108 W. Montgomery

Route Chesapeake Steamship Co. via Richmond to

D 94764

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94764

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 231 Hill st St., 22-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Miller

(Residence in Baltimore: No. 231 W Hill st St., ... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Aug 9 (Month) 14 (Day) 1883 (Year)

7-AGE: 41 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Samuel Miller

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Rebbea Parm

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Miller

(Address) 141 N Cross St

15-

Filed ..... 192... ROBERT R. KRAUTH ..... Registrar.

FEB 2 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, autopsy or~~ Inquiry.) thereon and from the evidence obtained by said ..... (~~Inquest, autopsy or~~ Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns on body & in halation of flames & smoke

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Burns & clothing afire by oil lamp or match

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) I. K. Grauwah M. D. (Coroner.)

2-2-1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, Feb 4 1925

20-UNDERTAKER, J A Brown's Son ADDRESS 108 N Mount

Spec.—8-24-14—M. & T.—2000 Bks.

Henry Crist,

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94765

CERTIFICATE OF DEATH.

101-001

D 94765

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST.; V-1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Henry Crist

(Residence in Baltimore: No. 231 So. Rogester St. St.: 34 yrs., ... mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married,

6-DATE OF BIRTH, January 5th., (Month) (Day) 1891. (Year)

7-AGE, 34 yrs. 0 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Splicer,
(b) General nature of industry, business, or establishment in which employed (or employer) C.Gas Elct., Power Co.,

9-BIRTHPLACE, (State or Country), Baltimore, MD.

PARENTS.

10-NAME OF FATHER, Felix Crist,

11-BIRTHPLACE OF FATHER (State or Country), Poland,

12-MAIDEN NAME OF MOTHER Rosie Szmudzynski,

13-BIRTHPLACE OF MOTHER (State or Country), Poland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Crist, (Wife)

(Address) 231 So.Rogester Street

15-

Filed....., 191.. ROBERT R. KRAUTER ... Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 1 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-17-1925, to 2-1-1925, that I saw h im alive on 2-1 1925, and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Ryan M. D.

2-1-, 1925. (Address) St. Paul & Read Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Feb., 4th., 1925.

20-UNDERTAKER M. F. Kledaras

ADDRESS 705 S.Ann St

Spec.—1-10-21—M&T—1500 Bks.

Daniel Kujawa,

HEALTH DEPARTMENT—CITY OF BALTIMORE

94766

CERTIFICATE OF DEATH.

2-1 100-001

D 94766

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S Chester ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Kujawa

(a) RESIDENCE NO. 418 S Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) Dec 23 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Frank Kujawa

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Godzyk

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Frank Kujawa, (Father)

(Address) 418 S.Chester Street

15 Filed FEB 2 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1925.

17 I HEREBY CERTIFY, That I attended deceased from 1/28, 1925, to 1/31, 1925, that I last saw him alive on 1/31, 1925, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis —

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Harry A Krauter M. D.

1/31, 1925 (Address) 1628 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
ST.STANISLAUS CEMETERY,	Feb., 2- 1925.
20 UNDERTAKER M J Jadowski	ADDRESS 705 S.Ann St

Spec.—1-10-21—M&T—1500 Bks.

D 94767

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94767

CERTIFICATE OF DEATH.

REGISTERED NO. 19-290

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 McHenry St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Kraning

(a) RESIDENCE NO. 1503 McHenry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of The late Charles Kraning

6 DATE OF BIRTH (month, day, and year) Nov. 11,1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... m.
	76	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work n ne

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. Hinkleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John T. Brennan (Address) 1503 McHenry St

15 Filed FEB 2 - 1925 19 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1924 to Jan. 29, 1925.

that I last saw h alive on Jan. 29, 1925,

and that death occurred, on the date stated above, at 6.4. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 8 years

Chronic Myocarditis 2 years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw V. Coolahan M. D.

, 19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb 3/ 1925

20 UNDERTAKER Harry H Witzke — ADDRESS Harry H Witzke 1531 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

D 94768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 D 94768

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp ST., 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Canfield Crofoot.

(a) RESIDENCE NO. 1807 Wilhelm St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white.	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11 - 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
S	54	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder 1 047

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Harrison Crofoot.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Evans.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md.

14 Informant Mr Canfield Crofoot.
(Address) 1807 Wilhelm St.

15 Date received FEB 2 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1925, to Jan 30, 1925, that I last saw h im alive on Jan 30, 1925 and that death occurred, on the date stated above, at 6.50 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arterial Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home.

Did an operation precede death? yes Date of Jan 15, 1925

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) Jno A Young M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 2nd 1925

20 UNDERTAKER Harry A. Witzke

ADDRESS 1531 W Lombard St

Spec.—1-10-21—M&T—1500 Bks.

(over)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94769

CERTIFICATE OF DEATH.

D 94760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital (ST.) 15-13 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Grandy

(a) RESIDENCE NO. 1537 N. Fulton ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8th 1892

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Grandy

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Henrietta Bopp

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed FEB 2 - 1925, 19 ... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31-1925

17 I HEREBY CERTIFY, That I attended deceased from 12-6, 1924, to 1-31, 1925; that I last saw her alive on 1-31, 1925; and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) 3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Path

(Signed) Claude G. Drace, M. D.

(Address) Municipal Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb 3 1925

20 UNDERTAKER: Harry A. Witzke — ADDRESS: 1531 W. Lombard St.

Write on back of certificate.

D 947

DEPARTMENT OF CHARITIES AND CORRECTIONS
SUB-DEPARTMENT
SUPERVISORS OF CITY CHARITIES

GEORGE R. McCLEARY,
SUPERINTENDENT
W. H. CURRY,
ASST SUPERINTENDENT

CITY OF BALTIMORE
MARYLAND
MUNICIPAL DEPARTMENTS

BAY VIEW HOSPITAL
HIGHLANDTOWN, P. O.

Dr. Pollitzer
733

FEB

February 7, 1925.

Dr. C. Hampson Jones,
City Health Department,
Baltimore, Maryland.

My dear Dr. Jones:

A mistake was made in the date of birth on the death certificate of Carrie Grandy, female, white, who died in this hospital January 31, 1925; the correct date is July 8, 1891.

Thanking you very kindly, I am,

Very truly yours,

Claude A. Dra

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X|29 D 94770

1-PLACE OF DEATH St. Jos. Hospital

Registered No.....

City of BALTIMORE: (No.....St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Gephardt

(a) Residence No. Chesco Park, Md St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 7, 1876

7-AGE. 48 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House work

(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, George Wheyland

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Mary Parr

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) Mrs. Martha Bibb

(Address) 1828 E. monument St

15-

Filed FEB 2 - 1925 By ROBERT R. KRAUSE Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 31 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925 to Jan 31 1925

that I last saw h[illegible] alive on Jan 31, 1925

and that death occurred, on the date stated above, at 9.20 P.M. or A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Hypertension

(Duration) 5 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

(Duration) ....yrs. ....mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Sybert M. D

, 19 (Address) St. Jos. Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb. 3, 1925
20-UNDERTAKER	**ADDRESS**
William G. Schaffer	1816 monument St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94771

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94771

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE; (No. Mount Hope St., 28-16 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Butler

(a) Residence No. Mt Hope St., 28th Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S., if of foreign birth? 69 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, ~~Married, Widowed, or Divorced~~, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6-DATE OF BIRTH (month, day and year): Unknown

7-AGE, 69 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Dressmaker

(b) General nature of Industry, business, or establishment in which employed (or employer): "

(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country),

14- (Informant) Records of Mt Hope Retreat

(Address) Baltimore Md

15- Filed FEB 2 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 31. 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1924, to Jan 31, 1925, that I last saw h.r alive on Jan 30, 1925, and that death occurred, on the date stated above, at P.M. m.

The CAUSE OF DEATH* was as follows:

Paresis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paretic Psychosis.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Baltimore, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Westwood Cem. DATE OF BURIAL, Feb. 2 - 1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Eks.

94772

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94772

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH 1733 East Lanvale St 8-2 Registered No.....

City of BALTIMORE: (No. 1733 E Lanvale St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Laura Hare

(a) Residence No. 1733 East Lanvale St., 8 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed,~~ or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of George H. Hare

6-DATE OF BIRTH (month, day and year) Mar. 20, 1848

7-AGE, 76 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Madison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Westminster, Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Westminster, Md

14-(Informant) George H. Hare (Husband)
(Address) 1733 East Lanvale St

15-FEB 2 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 29, 1925

17-I HEREBY CERTIFY, That I attended deceased from January 26, 1925 to January 29, 1925 that I last saw her alive on Jan. 29, 1925 and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. H. Macdonald, M. D.

Jan 30, 1925 (Address) 1540 N. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park — DATE OF BURIAL, Feb 2, 1925

20-UNDERTAKER, Robt J Turner Sr — ADDRESS 1442 N Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

94773

HEALTH DEPARTMENT—CITY OF BALTIMORE

94773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 W Lanvale St. 17-1 WARD)

REGISTERED NO. 164

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno. M. Brown

(a) RESIDENCE. NO. 605 W Lanvale ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Ju 22 1850.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1850	7 26	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER dont No

11 BIRTHPLACE OF FATHER (city or town) (State or country) dont no

12 MAIDEN NAME OF MOTHER dont No

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont No

14 Informant George Brown

(Address) 1129 Pittsman St

15 Filed FEB 2 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 1925, to Jan 29 1925.

that I last saw him alive on Jan 29 1925.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows: General Debility & Old age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos D Goodrich M. D.

1-30 1925 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Feb 2 1925
20 UNDERTAKER	ADDRESS
John Owens	538 Dolphin St

Spec.—6-9-19—H. P. Co.—1000 Blks.

94774

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 E Fort Ave ST. Jul-2 WARD 12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Scheuler

(a) RESIDENCE. No. 737 E Fort Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Scheuler

6 DATE OF BIRTH (month, day, and year) July 31 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer works

(c) Name of employer A A Chemical Co Balto Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs. Knight (Address) 737 E. Fort Ave.

15 FEB 2 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1924, to Jan 29, 1925, that I last saw h-im alive on Jan 29, 1925, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Int. nephritis
Arteriosclerosis
hypertension

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) same (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Obs

(Signed) M L Gelpi, M. D.

1/30 1925 (Address) 139 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	2/2 1925
20 UNDERTAKER	ADDRESS
E. J. Fanning Inc-1460	Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94775

CERTIFICATE OF DEATH.

49

D 94775

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1nd Elev Rock ST., 13-4 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Christian Christian

(a) RESIDENCE No. 709 Carswell Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Christian

6 DATE OF BIRTH (month, day, and year): Jan 15, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Piano polisher

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Wm. Christian

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prussia

12 MAIDEN NAME OF MOTHER: Cristina Bodnenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prussia

14 Informant: Jonathan Christian

(Address): 709 Carswell Ave

15 Filed FEB 2 1925, 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/1/25 19

17

I HEREBY CERTIFY, That I attended deceased from 1/20/25, 19 ..., to 2/1/25, 19 ...,

that I last saw him alive on 2/1/25, 19

and that death occurred, on the date stated above, at 8 20 A m

The CAUSE OF DEATH* was as follows:

Malignancy of Larynx (?)

(duration) 2? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary): Cardiac decompensation

Unknown (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bals Cem — DATE OF BURIAL: Feb 3 1925

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 347 Chestnut ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94776

CERTIFICATE OF DEATH.

29 D 94776

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 115 Longwood Road RP ST., 27-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME T. Spence Carney

(a) RESIDENCE No. 115 Longwood Road RP ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 6 mos. — ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Belle Shallus Carney

6 DATE OF BIRTH (month, day, and year) aug 28 1861

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Customs Attorney at

(b) General nature of industry, business, or establishment in which employed (or employer) Brokerage Office

(c) Name of employer

9 BIRTHPLACE (city or town) Hereford (State or country) Balto Co. Md

PARENTS

10 NAME OF FATHER William T. Carney

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Tipton

13 BIRTHPLACE OF MOTHER (city or town) Hereford (State or country) Balto Co Md

14 Informant Belle Shallus Carney Address 115 Longwood Road

FEB 2 1925

Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 1925

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1924, to Jan. 31, 1925, that I last saw him alive on Jan. 31, 1925, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical tests.

(Signed) Einstein L. Robinson, M. D.

2-1 1925 (Address) 1307 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 3 1925

20 UNDERTAKER Jno B Spencer

ADDRESS 1325 N Caroline St

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 94777

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94777

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST. 16-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma Jefferson

(a) RESIDENCE. No. 1013 N Stricker St ST., WARD..

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 7, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nettie Swan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nettie Jefferson

(Address) 1013 N Stricker

15 Filed . 19 ROBERT R. KRAUTER Registrar

FEB 2 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to Feb 1, 1925, that I last saw her alive on Feb 1, 1925, and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis.

(duration) yrs. about mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal Puncture

(Signed) Myron S. Tull M. D.

2/2 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 2 1925
20 UNDERTAKER	ADDRESS
Sam H Chase & Son	1400 Mt Auburn

Spec.—1-10-21—M&T—1500 Blks.

D 94778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-2 147 D 94778

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST. 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Graves.

(a) RESIDENCE No. 1115 Thompson St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Graves

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Anderson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anderson.

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anderson.

14 Informant Johns Hopkins Hosp

(Address)

15 Filed FEB 2 - 1925, 19 ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1925 to Jan 30 1925, that I last saw h alive on Jan 30 1925, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Eclampsia antepartum ?

(during labor)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E L Stone M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb. 4 1925
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	1723 Eastlander

Spec.—1-10-21—M&T—1500 Blks.

Leroy Morris

D 94779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3-237-001

D 94779

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospt. ST., 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Leroy Morris

(a) RESIDENCE NO. 17 E. Cardinal St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	17	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 640

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Buckingham Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Leroy Wade 17 E. Cardinal St

15 Filed FEB 2 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1925, to Feb. 1, 1925, that I last saw him alive on Feb 1, 1925, and that death occurred, on the date stated above, at 3.05 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

Pulmonary Tuberculosis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) K. W. Golby, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dellwyn Va	Feb. 2 1925

20 UNDERTAKER Mrs Ida Snowden

ADDRESS 1720 Ashland

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94780

1-PLACE OF DEATH

City of BALTIMORE: (No. 1019 S. Third St., 26-8 Ward) Registered No. 150-001

2-FULL NAME Albert Gutermuth

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1019 S. Third St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Six yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mall

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 25-1923

7-AGE. 1 yrs. 4 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, George Gutermuth

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto., Md

12-MAIDEN NAME OF MOTHER, Mamie Conners

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto., Md

14- (Informant) Mamie Gutermuth

(Address) 1019 S. Third St

15-

FEB 2 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 1-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1925 to Feb 1 1925

that I last saw h[illegible] alive on Jan 31 1925

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

2/ (Signed) O T B Fitlow M. D.

1925 (Address) 315 S. Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Schwartze — DATE OF BURIAL, Feb 3, 1925

20-UNDERTAKER, Birkler & Birkler — ADDRESS 1739 Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94781

D 94781 CERTIFICATE OF DEATH.

22-21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital St.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Moses

(a) RESIDENCE NO. 725 Hanover st. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu Moses

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Lewis Moses

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Priscilla Bynam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address) M.T.H. JOHNS

Filed FEB 2 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

0132

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1925, to Jan. 29, 1925, that I last saw h im alive on Jan. 29, 1925, and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Phys. exam.

(Signed) T. B. Whaley M. D.

1-30 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	FEB 2 - 1925
20 UNDERTAKER	ADDRESS
Commissioner Health.	

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH D 94782 — REGISTERED NO. D 94782

CITY OF BALTIMORE: (No. Municipal Hospital ST., 18-1 WARD) 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Fields

(a) RESIDENCE NO. 230 Bowers Court ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Benjamin Fields

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 FEB 2 - 1925 ROBERT R. KRAUTER, Registrar
(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-23, 1925, to 1-29, 1925;
that I last saw him alive on 1-29, 1925
and that death occurred, on the date stated above, at 8 A M.
The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) Claude A. Doran, M. D.

1-30, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Baltimore Health Dept. — ADDRESS FEB 2 - 1925

Spec.—1-10-21—M&T—1500 Bks.

D 94783

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94783

CERTIFICATE OF DEATH.

74-007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2397 Pearl ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wilson

(a) RESIDENCE NO. 2397 Pearl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: 60 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER Emily Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kingston Va

14 Informant: Carrie Price (Address) 2397 Pearl St

15 2-1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to Jan 31, 1925.

That I last saw h[illegible] alive on Jan 30 1925

and that death occurred, on the date stated above, at 2:55 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) J. H. Cleaver, M. D.

, 19 (Address) 153 Dolphin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 2 1925

20 UNDERTAKER: John W Henderson — ADDRESS 1507 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

D 94784 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94784

CERTIFICATE OF DEATH. 1 5-9 49

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 2503 W. North ave ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett M. Zimmerman

(a) RESIDENCE NO. 2503 W. North ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widowed

5a If married, widowed, or divorced HUSBAND of / WIFE of Mitchell Zimmerman

6 DATE OF BIRTH (month, day, and year) May 23 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
-	73	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gillen a. Ill.

PARENTS

10 NAME OF FATHER Peter Shotrow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Lucy Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md

14 Informant Lucy R. Cline

(Address) 2503 W. North ave

15 FEB 2 1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1925

17

I HEREBY CERTIFY, That I attended deceased from April. 1921 to Feb. 1 1925;

that I last saw h alive on Jan. 31 1925

and that death occurred, on the date stated above, at 7 20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Eye.

(duration) 3 yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

2/11/25 (Signed) A. R. Cullen M. D.

(Address) 2757 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Feb 4/25
20 UNDERTAKER	ADDRESS
A. S. Marshall	3539 Fall Rd

Cor.—1-12-23—M&T—100 Bks.

D 94785

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 819 Powers St. 13-4 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles D. Forsythe

(a) RESIDENCE No 819 Powers ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie C Forsythe

6 DATE OF BIRTH (month, day, and year) Sept 13-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	4	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 021
(c) Name of employer Pool & Steads

BIRTHPLACE (city or town) (State or country) Richmond Va

10 NAME OF FATHER Samuel Forsythe

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Annie C Forsythe

(Address) 819 Powers St

Filed. 2-1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H Harrison, M. D.
(Coroner.)

Jan 31, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb 3 192 5
20 UNDERTAKER	ADDRESS
W S Marshall	3539 Falls Road

Spec.—1-10-21—M&T—1500 Blks.

D 94786

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94786

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1636 Miller ST., 17-1 (WARD)

2-FULL NAME Gladys Holley

(a) RESIDENCE NO. 1636 Miller ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Va

PARENTS

10 NAME OF FATHER Gus Holley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Rowland Reid Bell (Brother) 1408 Lafayette Ave

15 2 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1924 to Jan 31 1925, that I last saw h[e] alive on Jan 31 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Goring, M. D.

2/2 1925 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lebanon Northumberland Co. Va. DATE OF BURIAL Feb 5 1925

20 UNDERTAKER Chas. W. Johnson ADDRESS 46 N. Carolina

DH

Spec.—12-23-21—E.B.R.S.—400 Eks.

D 94787 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94787

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 S Sharp St., 23-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Premature Johnson

(a) Residence No. 1028 S Sharp St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, Col | 5-Single, Married, Widowed, or Divorced, (Write the word.) Premature

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/31/25

7-AGE, yrs. mos. ds. If LESS than 1 day, hrs. or 20 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Premature

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Isaac Johnson

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country) Md.

12-MAIDEN NAME OF MOTHER, Martha Waddy

13-BIRTHPLACE OF MOTHER (city or town) Richmond (State or Country) Va.

14- (Informant) Martha Johnson

(Address) 1028 S Sharp

15- Filed 2-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan. 31, 25

17- I HEREBY CERTIFY, That I attended deceased from 1/31/25 to 1/31/25 that I last saw h— alive on 1/31/25 and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

5 mo. duration

maternal Uterine hemorrhage

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D

2/2, 19 25 (Address) 1111 [illegible]

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL, , 19

20-UNDERTAKER, [illegible] ADDRESS

FEB 3 1925

(Dawson)

D 94788 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94788

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 632 Eastern St., 22-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mary Dawson

(Residence in Baltimore: No. 632 Eastern St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal

4-COLOR OR RACE. Col

5-~~Single,~~ Married, ~~or Divorced,~~ Widowed, (Write the word.)

6-DATE OF BIRTH. Feb 15 / 1868 I.....
(Month) (Day) (Year)

7-AGE. 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of Industry, business, or establishment in which employed (or employer). 0/0

9-BIRTHPLACE, (State or Country). West Indies

PARENTS.

10-NAME OF FATHER. Robt Washington

11-BIRTHPLACE OF FATHER, (State or Country) West Indies

12-MAIDEN NAME OF MOTHER. Caroline Saunders

13-BIRTHPLACE OF MOTHER, (State or Country) West Indies

14-THE ABOVE IS TREE TO THE BEST OF MY KNOWLEDGE.

(Informant) Levi Dead

(Address) 634 Eastern st

15-

Filed 2- 1925 192.....

Robert P. Harrison, Registrar.

~~Burial Permit Clerk.~~

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 31 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or Inquiry.) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) H. K. Grumbly M. D.
(Coroner.)

Dec 2 1925 (Address) 417 W. Saratoga St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery DATE OF BURIAL. Feb 2 1925

20-UNDERTAKER. Mrs Gertrude Hopes ADDRESS 402 W. Conway st

Spec.—1-10-21—M&T—1500 Bks.

D 94789

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94789

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Spriggs.

(a) RESIDENCE NO. Kalmia Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison Spriggs

6 DATE OF BIRTH (month, day, and year) ? 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Collins

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Harrison Spriggs Baltimore Md (Address)

15 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22nd, 1925, to Jan 30th, 1925, that I last saw h[illegible] alive on Jan 30th, 1925, and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

Adnexitis

(post-abortal) (over)

... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E L Stone, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clarks Chapel Interment DATE OF BURIAL Feby 3 1925

20 UNDERTAKER Dawson & Foster ADDRESS Baltimore Md

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94790 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94790

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (Cherry Hill) 107-001

City of BALTIMORE, (No. Annapolis Rd. Westport St., 25-4 Ward) Registered No.

2-FULL NAME James A. Bennett

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Annapolis Road, Westport St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Mar 15, 1874

7-AGE. 50 yrs. 10 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dye Setter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. Crasmaking & Sons Co.

9-BIRTHPLACE (city or town) (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER John A Bennett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER Ellen Ross

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-Informant Wm J Bennett

(Address) 1125 Annapolis Ave

15-Filed 2-1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 31. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1924 to Jan 31 1925

that I last saw h alive on Jan 30 1925

and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows: Lobar pneumonia

(Duration) 1 wk 1 no 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Symptoms

(Signed) Dr Hagner, M. D.

(Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, Feb 2, 1925

20-UNDERTAKER, Wm. Cook ADDRESS 701 E. Monument

Spec. 1-10-21 M&T 1500 Blks.

D 94791

HEALTH DEPARTMENT—CITY OF BALTIMORE.

B 94791

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Home - ST., 26-3 WARD) (Springer)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Springer (Springer)

(a) RESIDENCE NO. 3520 E. Balto - ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Earl Springer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Esa Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Esa Springer

(Address) 3520 E Balto St

15 Filed 1925, Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2-1925

17

I HEREBY CERTIFY, That I attended deceased from 12-30, 1924, to 2-2-, 1925,

that I last saw h(?) alive on 2-2, 1925,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Mongolian Idiocy (kidney)

Congenital Duodenal Stenosis

(duration) yrs. mos 27 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Frederick B Dart M. D.

, 19 (Address) 2348 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Feb 4-25

20 UNDERTAKER Wm. Lovell & Son

ADDRESS 2026 Linden Ave

Burial Permit Clerk.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94792

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 94792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 116 W. 22nd. St., 12-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Feldhaus

(a) Residence No. 116 W. 22nd. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 83 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6-DATE OF BIRTH (month, day and year) July 20, 1839

7-AGE. 85 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Alsace, Lorraine

PARENTS.

10-NAME OF FATHER, Ferdinand A. Feldhaus

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Van Kahn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Alsace, Lorraine

14- (Informant) Miss Etta C. Feldhaus
(Address) 116 W. 22nd. Street

15- Filed ..... 192 Robert P. Farrior Registrar.

2-1925 Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/31/25

17- I HEREBY CERTIFY, That I attended deceased from 1/21/25 19..... to 1/31/25 19.....

that I last saw her alive on 1/31/25 19.....

and that death occurred, on the date stated above, at 12.45 p m.

The CAUSE OF DEATH* was as follows:

Asthenia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Old age Female Primary

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? —

What test confirmed diagnosis? .....

2/2/25 19 (Signed) S. W. Hauck M. D. (Address) 3755 Yoke

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	2/3 19 25
20-UNDERTAKER.	**ADDRESS**
Henry W. Mears & Son	805 E. Calvert

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94793 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1228 N. Eden St., 10-2 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Matthews

(a) Residence No. 1228 N. Eden St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Glen

6-DATE OF BIRTH (month, day and year) Dec. 27, 1857

7-AGE, 67 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork & Seal Co.

(c) Name of employer

9-BIRTHPLACE (city or town) Oakland
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John J. Matthews

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Judith Newton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) Ora N. Matthews
(Address) 1228 N. Eden Street

15- Filed 1925, A. D. Robert F. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan, 31 25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25th, 1925, to Jan. 31, 1925, that I last saw him alive on Jan. 31, 1925, and that death occurred, on the date stated above, at 8.40A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis. Not known. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Not Known. (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs. Hypertension etc.

(Signed) Frederick A. Cullen M.D.
, 19 (Address) 2827 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Green Mount Cemetery

DATE OF BURIAL. 1/3, 19 25

20-UNDERTAKER. Henry W. Miears & Son

ADDRESS 805 N. Calvert

Spec.—1-10-21—M&T—1500 Blks.

D 94794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 94794

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Shirley Ave. ST., 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roberta Ratcliffe

(a) RESIDENCE NO. 2410 Shirley Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip E. Ratcliffe

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1860,

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Dinsmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant E. E. Ratcliffe (Address) 2410 Shirley ave.

15 Filed 2-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1925, to Feb. 1, 1925, that I last saw her alive on Jan 31, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation.
(Chronic myocarditis)
(Chronic interstitial Nephritis)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cholecystitis (Chronic) (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S Ashurst, M. D.

2-2, 1925 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem.	Feb. 3 1925

20 UNDERTAKER ADDRESS

Wm. C. Slack 927 N. Broadway

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94795

CERTIFICATE OF DEATH.

D 94795

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4 + 129 = 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert F. Rogers.

(a) RESIDENCE No. Linthicum Heights ST., (Hillton Road) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith J. Rogers

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Long Tistance Tele-

(b) General nature of industry, business, or establishment in which employed (or employer) phone Trouble Chief 086

(c) Name of employer C & P Tele. Company

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Albert H. Rogers

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Zellers

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Maryland

14 Informant Albert H. Rogers (Address) Hilltop Road, Linthicum ~~Heights~~

15 Filed 2-2-1925, 19 Robert F. Harrison, Registrar

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1925, to Feb 2, 1925, that I last saw h[illegible] alive on Feb 2, 1925, and that death occurred, on the date stated above, at 7:2[illegible] m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephr. with Hypertension

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No findings

What test confirmed diagnosis? Clinical

(Signed) Wm F. Cook Jr. M. D.

2-2, 1925 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 4 1925
20 UNDERTAKER	ADDRESS
for E. Cook	[illegible] Balto

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94796

D 94796

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Heil Hos ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Thomas Griffin

(a) RESIDENCE NO 1023 Harlem Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie L. Griffin

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	11	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Thomas Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland.

12 MAIDEN NAME OF MOTHER Pamelia Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mrs. James E. Lambden

(Address) 1023 Harlem Ave

Filed FEB 3 - 1925, 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows: (Sept)

Impacted fracture of head neck of femur Fall on street (accidental)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 4 ds.

(Signed) J. T. Hennessy, M. D.

(Coroner.)

Feb. 2, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 3 1925
20 UNDERTAKER Wm Pickrell & Sons	ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94797

CERTIFICATE OF DEATH.

12 3 D 94797

REGISTERED NO. 19-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 N. Monroe St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgeania Glenn

(a) RESIDENCE NO. 308 N. Monroe St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Glenn

6 DATE OF BIRTH (month, day, and year) Dec. 14. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Michael Lant

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Armitage

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Herbert R. Glenn

(Address) 308 N. Monroe St.

15 FEB 3 - 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1924, to Feb. 2, 1925.

that I last saw her alive on Feb. 1, 1925.

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute intestinal Obstruction

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Nephritis, Adelecystitis, Cholelithiasis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? Partial unwilling done

What test confirmed diagnosis?

(Signed) Maurice E. Shamer M. D.

2/7/1925 (Address) 3200 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Hall. Md	Feb. 4 1925

20 UNDERTAKER Wm. J. Tickner & Son ADDRESS N. Y. Pa

Spec.—1-10-21—M&T—1500 Blks.

94798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-3 129 D 94798

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 E. Baltimore ST., 1 WARD)

2-FULL NAME Mary Louise Leimbach

(a) RESIDENCE NO. 523 N. Milton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Leimbach

6 DATE OF BIRTH (month, day, and year) June 24 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co (State or country) Md

PARENTS

10 NAME OF FATHER Henry Folly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Weaver

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md

14 Informant Charles Leimbach

(Address) 523 N. Milton Ave

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUER, Burial Permit Clerk

FEB 3 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1924 to Feb 1 - 1925.

that I last saw her alive on Feb. 1 - 1925

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Harriman M. D.

(Address) 719 E. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem — DATE OF BURIAL Feb 3, 1925

20 UNDERTAKER Wm Tickner & Sons — ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 D 94799 ~~1 D 37 94799~~ 131 D 94799

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 5-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Dorsey

(a) RESIDENCE No. 345 N. Forrest ~~St.~~ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. 3 da. 18 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bettie Dorsey

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Laborer~~

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Factory~~ Odf

(c) Name of employer ~~Factory~~

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER George Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Bella Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed FEB 3 - 1925, 19 ROBERT P. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 29, 1925 to January 31, 1925, that I last saw him alive on January 31, 1925 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) W. Sutton Good, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 2/3 1925

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry

D 94800 HEALTH DEPARTMENT—CITY OF BALTIMORE 001

CERTIFICATE OF DEATH.

D 94800

1-PLACE OF DEATH

City of BALTIMORE: (No. 1660 Warwick Ave. St., 15-9 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida E. Miller

(Residence in Baltimore: No. 1660 Warwick Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Married

6-DATE OF BIRTH. May 30, 1874
(Month) (Day) (Year)

7-AGE. 50 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. John Eagles

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Ann K Sun

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. P. Miller

(Address) 1660 Warwick Ave

15- FEB 3 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 31, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) and History

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hundertmark M. D.
(Coroner.)

Feb. 2 1925 (Address) 2802 Eastern Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lorraine Cem	Feb 3 1925

20-UNDERTAKER.	ADDRESS
John Fields	1200 W Lombard

D 94801 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94801

CERTIFICATE OF DEATH. 1385

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen. Hosp. Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William Richard Hall

(Residence in Baltimore: No. 142 N Potomac St. St.; yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. Jan. 31, 1874 (Month) (Day) (Year)

7-AGE. 51 yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Police Department
(b) General nature of Industry, business, or establishment in which employed (or employer). Sparrows Point, Md.

9-BIRTHPLACE, (State or Country). Fairmount, Md.

PARENTS.

10-NAME OF FATHER. W. J. Hall

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Carrie Kemberling

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Ruth C. Hall

(Address). 142 N Potomac St.

15- FEB 3 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 1, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis with uremia & Diabetes Mel. Probable (Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Contusion of both sides of head & probable internal injuries Following accident (Duration) 5 ds.

(Signed) J. J. Kennedy M. D. (Coroner)

Feb. 2, 1925 (Address) 802 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). In place Md. Gen. Hosp. In the of death yrs. mos. 5 ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cemetery DATE OF BURIAL. Feb 3 1925

20-UNDERTAKER. John F. Denny ADDRESS 715 Eight St.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94802

CERTIFICATE OF DEATH.

1-002

D 94802

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 93-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Henkel

(a) RESIDENCE No. 1 N. 4th St. Baltimore

(Usual place of abode) STR.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Henkel

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Henkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Ted Reed

15 Filed FEB 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/1925

17 I HEREBY CERTIFY, That I attended deceased from 1/27/25, 19..., to 2/2/25, 19...

that I last saw him alive on 2/2/25, 19...

and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of Toe

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? amputation of Toe

Did an operation precede death? No Date of 1/29/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Holley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Feb 5 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Lyon St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94803

CERTIFICATE OF DEATH.

74-001

D 94803

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1314 Patapsco ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Lucke

(a) RESIDENCE NO. 1314 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Lucke

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salisbury Md.

PARENTS

10 NAME OF FATHER Severn White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Calvery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ellen White

(Address) 211 Patapsco Av, Brooklyn

15 FEB 3 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1925, to Jan 31, 1925, that I last saw h alive on Jan 31, 1925 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell, M. D.

Feb 5, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 5 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light.

Spec.—1-10-21—M&T—1500 Bks.

177469 D 34804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 34804

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 27-2 WARD)

2-FULL NAME Evelyn H Trentzel

(a) RESIDENCE No. 5240 Park Heights Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 4 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ralph Trentzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ada Trommsdorff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records JOHNS HOPKINS HOSPITAL

(Address)

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

(1154)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1926, to Jan 27, 1926, that I last saw him alive on Jan 27, 1926, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. 1 mos 18 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? J. H. H.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alex Jacobson, M. D.

19 Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL FEB 3 19

20 UNDERTAKER

ADDRESS

See Letter in file from Dr Leonille V Nuce Dated Feb 27-1925

PLACE OF DEATH D 94805

County

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 90-3 D 94805

Village or City Baltimore (No 1557 Carswell St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma V. Smiley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH July (Month) 20 (Day) 1855 (Year)

7 AGE 69 yrs. 74 6 mos. 6.13 13 da. If LESS than 1 day .... hrs. or .... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work Nothing
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER Rev Rob J. Lawrenson

11 BIRTHPLACE OF FATHER (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Mary Shanks

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hasie V. Brown

(Address) 1557 Carswell st

15

Filed ..... 192.. ..... Registrar

FEB 3 - 1925 ROBERT R. PRENTER BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 31 (Month) (Day) 1925 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 15 1924 to Jan 31 1925 that I last saw h alive on Jan 31 1925 and that death occurred on the date stated above, at m.

The CAUSE OF DEATH * was as follows:

Valvular Insufficiency

(Duration) 1 yrs mos da.

Contributory
Secondary

(Duration) yrs. mos. da.

(Signed) E. Wallace Prosser M.D.

192 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .... yrs. .... mos. .... da. In the State, ... yrs. .... mos .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 3rd 1925
20 UNDERTAKER	**ADDRESS**
Josiah Seger	1600 W North ave

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S No. 1

Srec—12-23-21—E.B.R.S.—400 Eks.

D 94806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 94806

1-PLACE OF DEATH 409

City of BALTIMORE: (No. 409 N. Caroline St., 6-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Inettee

(a) Residence No. 409 N. Caroline St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Inettee

6-DATE OF BIRTH (month, day and year) Oct. 12. 1844

7-AGE.	If LESS than 1 day,
81 yrs. 3 mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. 1

(b) General nature of industry, business, or establishment in which employed (or employer). None

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. James Cunningham

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Catherine Dillon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Miss Margaret Inettee

(Address) 409 N. Caroline St

15- Filed ..., 192.. HUBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 2/1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 19 24 to ... 19 25

that I last saw h... alive on Feb 2 19 25

and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

a Pneumonia

(Duration) yrs. 3 mos. ds

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Chas C Lehnert, M. D

Feb 2, 1925 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount	Feb 5, 1925

20-UNDERTAKER	ADDRESS
Josiah Seyfert	1600 W North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

Grimaldi

D 94807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-5-25 D 94807

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3432 Leaverton Ave. St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Domenica Anna Grimaldi

(a) Residence No. 3432 Leaverton Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female 4-COLOR OR RACE, White 5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 29 25

7-AGE, 5 da

.....yrs. .....mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mariano Grimaldi

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Mary [redacted] Frattarelli

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14-

(Informant) Mariano Grimaldi

(Address) 3432 Leaverton Ave.

FEB 3 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925 to Feb 2, 1925

that I last saw h[redacted] alive on " " 19....

and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Emily L Kunkel, M. D.

2/5, 1925 (Address) 1038 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer DATE OF BURIAL, Feb 7, 19 25

20-UNDERTAKER, Louis Heemann ADDRESS 322 S Broadway

Spec—12-23-21—E.B.F.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94808 — CERTIFICATE OF DEATH. — D 94808

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 W. Lexington St., 191 Ward) 12 9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry West

(a) Residence No. 1620 W. Lexington St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6-DATE OF BIRTH (month, day and year): Dont Know

7-AGE: 65 yrs. — mos. — ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer 0+0

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Va

PARENTS.

10-NAME OF FATHER: Albert West

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): unknown

14-

(Informant) Mamie Miller

(Address) 612 Russell St

15-

FEB 3 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1/31/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to Jan 31, 1925

that I last saw him alive on Jan 31, 1925

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Dont Know.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? General Anasarca

(Signed) C. M. Lawrence M. D.

, 19 (Address) 1232 Mosher St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. auburn ct — DATE OF BURIAL, Feb 3, 1925

20-UNDERTAKER: S. S. Brown & Son — ADDRESS 106 W Monty St

Spec.—1-10-21—M&T—1500 Bks.

94809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122 001 D 94809

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Becker

(a) RESIDENCE NO. 1514 Battery ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ the late Antonia Becker

6 DATE OF BIRTH (month, day, and year) Nov. 11 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) O'll

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records (Address)

FEB 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1925, to 1-31, 1925, that I last saw him alive on 1-31, 1925 and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver (Laennec)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sym

(Signed) Claude C. Drane, M. D.

2-1-, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Feb 3, 1925
20 UNDERTAKER	**ADDRESS**
A. Howard Evans	38 E Fort Ave

Sign on back of certificates.

Windley

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94810

D 94810

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 124 W. Pleasant St. St., V-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Windley

(Residence in Baltimore: No. 124 W. Pleasant St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH, Unknown ..... 1.....
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Yard

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Geo Windley

11-BIRTHPLACE OF FATHER, (State or Country), N. Ca

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), N. Ca.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Windley

(Address) 124 ~~West~~ Pleasant St

FEB 3 - 1925

Filed ..... 192..... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis T Uremia

(Duration) ..... yrs. a mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) W K Gormley M. D.
(Coroner)

Jan 2 192 5 (Address) 117 N Dallas St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Mt Carburn Cem Jan 5 192 5

20-UNDERTAKER. ADDRESS

Jos. M. Kinnier 1625 E. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94811

CERTIFICATE OF DEATH.

24-002 D 94811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto Genl Hosp St. 24-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Celia Leitzer.

(a) RESIDENCE No. 1347 Hull St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. L. Leitzer

6 DATE OF BIRTH (month, day, and year) May 26, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or. min.
	30	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) New York (State or country) N.Y.

PARENTS

10 NAME OF FATHER S. L. Tot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungary

12 MAIDEN NAME OF MOTHER Amelia Roth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Hungary

14 Informant J. L. Leitzer (Address) 1347 Hull St.

FEB 3 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Feb 2, 1925

that I last saw her alive on Feb 2, 1925

and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

Bacterial Endocarditis (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Embolism (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Sign & Symptoms

(Signed) J. H. Peterman M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kehrein Herrn Run

DATE OF BURIAL 2/3 1925

20 UNDERTAKER Jack Levis

ADDRESS 1439 Eastern Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94812

CERTIFICATE OF DEATH.

3 | D 94812

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Luzerne Ave ST., 6-3 WARD)

2-FULL NAME C. Wm Magersuppe

(a) RESIDENCE NO. 421 N. Luzerne Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ A. Elizabeth Magersuppe

6 DATE OF BIRTH (month, day, and year) Aug 22/83

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Repairman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. B & A. Ry. 073

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Chas. Magersuppe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant A. Elizabeth Magersuppe

(Address) 421 N. Luzerne Ave

FEB 3 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1925, to Jan 31st, 1925, (that I last saw him alive on Jan 30th, 1925, and that death occurred, on the date stated above, at 5-20 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no Skeleton not Obtained

What test confirmed diagnosis?

(Signed) H. J. Tucker M. D.

, 19 (Address) 119 N Milton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	2/4 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

For.—1-12-23—M&T—100 Bks.

94813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B-2 197 D 94813

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. 217 S. Caroline ST., 2 WARD)

2-FULL NAME Fannie Cobb

(a) RESIDENCE NO 217 S. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Female Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, and year) unknown

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

CUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
Name of employer

THPLACE (city or town) Baltimore Md
te or country)

NAME OF FATHER unknown

IRTHPLACE OF FATHER (city or town) unknown
State or country)

AIDEN NAME OF MOTHER unknown

IRTHPLACE OF MOTHER (city or town) unknown
State or country)

formant
ddress)

B 3-1925 ROBERT R. KRAUTER, Registrar

01360 THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound through heart & aorta
Homicide
Gunshot

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Internal Hem
cirhage (duration) Gunshot yrs. mos. ds.

(Signed) James M Hundon, M. D.
(Coroner)

Jan 31 1925 (Address) 700 Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER [illegible] Director Health.

ADDRESS

FEB 3-1925

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-801 D 94814

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 554 Greenwillow ST.; 17-W WARD)

2-FULL NAME John W Johnson

(a) RESIDENCE. No. 554 Greenwillow ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col—	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Johnson

6 DATE OF BIRTH (month, day, and year) Dont Know 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	1870		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman Steamboat

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer Wm Isaacs Cambridge

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Agnes - Gray Daughter

(Address) 554 Greenwillow St

15 Filed . 19

FEB 3 - 1925

ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31st 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 29— , 1925, to Jan 31— , 1925,

that I last saw him alive on Jan 31— , 1925,

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Dann, M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Feb 3rd 1925

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1309 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94815

CERTIFICATE OF DEATH.

101-001

D 94815

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N Pine ST., 4-1 WARD)

2-FULL NAME Mary Stevenson

(a) RESIDENCE No. 215 N Pine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Somerset Co Md

PARENTS

10 NAME OF FATHER: John W Gale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Annie Gale 215 N Pine St

15 FEB 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to Jan 30, 1925, that I last saw h-r alive on Jan 29, 1925, and that death occurred, on the date stated above, at 5.45 a m.

The CAUSE OF DEATH* was as follows:

Colon Carcinoma

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) X. E. Cooley, M. D.

, 19 (Address) 103 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Victor Whorfe Somerset Co Md

DATE OF BURIAL: 2/3/25

UNDERTAKER: R C Gross

ADDRESS: 1405 Mc Culloh

Spec.—1-10-21—M&T—1500 Blks.

D 94816

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94816

CERTIFICATE OF DEATH.

13-446

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4109 Falls Rd ST., (WARD) 13

2-FULL NAME Mrs. Clara Packham Wheeler

(a) RESIDENCE NO. 4109 Falls Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? life mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lester Wheeler

6 DATE OF BIRTH (month, day, and year): Aug 16 1889

7 AGE: Years 35 Months 5 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Practical Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Home 048

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Lewis Packham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tacumya Wis

12 MAIDEN NAME OF MOTHER: Sarah E Dowling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Lewis Packham ~~2243 Brookwood Ave~~ Robert F. Wheeler

15 FEB 3 - 1925 19 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1923, to Feb 2nd 1925, that I last saw her alive on Feb 2nd 1925, and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows: Uterine Carcinoma

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY (Secondary): Metastasis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of Sept/23

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas E Parker M. D.

19 (Address) 3123 W Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Feb 5 1925

20 UNDERTAKER: Walter R. McNamee

ADDRESS: 1117 Falls Road

Spec.—12-20-21—E.B.R.S.—400 Bks.

D 94817 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94817

CERTIFICATE OF DEATH. 160

1-PLACE OF DEATH

City of BALTIMORE: (No. 1400 Poplar Grove ave St., 16-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Margaret Liberto

(a) Residence No. 1400 Poplar Grove ave St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 12 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Jan 22-25

7-AGE. ....yrs. ....mos. 12 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Vincent Liberto

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Olivia R. Zeppi

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Baltimore

14- (Informant) Vincent Liberto
(Address) 14 to Poplar Grove St

15- Filed..... 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 2 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 22, 1925 to Feb 2, 1925 that I last saw h.. alive on Feb 2, 1925 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Intussusception - due to Congenital debility

(Duration) ....yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of .....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Joseph L. Valentine M.D.

Feb 6, 1925 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Feb 4th 1925
20-UNDERTAKER,	ADDRESS
Geo Leimbach & Son	641 W Pratt St

D 94818

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94818

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 211 Schroder court St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. E. Grimes

(Residence in Baltimore: No. 211 Schroder court St.; yrs. 52 mos. 10 ds. 7)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH. March 27th, 1872
(Month) (Day) (Year)

7-AGE. 52 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Ship Moving
(b) General nature of industry, business, or establishment in which employed (or employer). Co. Shipper

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Napoleon B Grimes

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary F Walker

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Wm E Grimes

(Address) 329 N Stricker St

15-

Filed ..... 192.. Robert P. Harrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 2, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, au-topsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

about two hrs
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know
(Duration) yrs. mos. ds.

(Signed) H. H. Gorsuch M. D.
(Coroner.)

2-3 1925 (Address) 117 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	Feby 4th 1925
20-UNDERTAKER. Jno. F. Cowan & Son Jno F. Cowan	ADDRESS 90 Hallows St

Spec– 12-23-21–E.B.R.S.–400 Bks.

D 94819

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94819

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 19-2 40 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Helen Ryzke

(a) Residence No. 1602 Lemmon St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or WIFE of) Victor Ryzke

6-DATE OF BIRTH (month, day and year) Unknown. 1882

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS:

10-NAME OF FATHER, Do not know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Do not know

12-MAIDEN NAME OF MOTHER, Do not know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), "

14- (Informant) Victor Ryzke (Address) 1602 Lemmon St.

15- Filed ..... 19.. Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 2nd 1925

17-a I HEREBY CERTIFY, That I attended deceased from Feb. 1 1925 to Feb. 2 1925

That I last saw h. alive on Feb. 2 1925

and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Tubo-ovarian abscess with salpingitis

(Duration) — yrs. — mos. — ds

CONTRIBUTORY (Secondary) Shock due to operation

(Duration) — yrs. — mos. — ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/2/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) Emil Novak M. D

19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Ceme.	Feb 4th 1925
20-UNDERTAKER Geiger Engman & Lee E. J. Geiger	ADDRESS 90 Holliday St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94820

D 94820

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. Croso ST.: 24th WARD) 24th-1

2-FULL NAME Thomas Wetherstine

(a) RESIDENCE. No. 414 E. Croso St ST., 24th WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Rogers Wetherstine

6 DATE OF BIRTH (month, day, and year) Oct. 21 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Retired) Ship joiner

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Mrs. Maggie A Zilch.
(Address) 414 E Croso St.

15 Filed . 19 Robert F. Harrison, Registrar

2-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from January 2. 1925. to February 2 1925. that I last saw him alive on February 1, 1925. and that death occurred, on the date stated above, at 12 oo noon m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 5 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1273 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Feb 5 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E Fayette

(On back of certificate. See instructions on back of certificate.)

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94821

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94821

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 129

City of BALTIMORE: (No. 113 S East Ave St., No-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R Gronwith

(a) Residence No. 113 S East Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Gronwith

6-DATE OF BIRTH (month, day and year) May 18/1871

7-AGE. 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Transfer

(b) General nature of industry, business, or establishment in which employed (or employer) Dyer

(c) Name of employer Stewart

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Wm G Gronwith

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER, Margaret A Gronwith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) Margaret A Gronwith

(Address) 113 S East Ave

15- Filed 192 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 3/25

17- I HEREBY CERTIFY, That I attended deceased from 5-27- 19 23 to Feb 3- 19 25

that I last saw him alive on Feb x- 19 25

and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary) Pulmonary Chronic Nephritis (Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Frederick H Herrmann M.D.

Feb 3-1925 (Address) 1913 E Balto St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
MD Carmel	Feb 6, 1925
20-UNDERTAKER.	ADDRESS
Wilson Cook & Co	E Balto

Spec.—1-10 21—M&T—1500 Blks.

D 94822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-D 94822

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Maryland ave ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Merritt Doyle

(a) RESIDENCE NO. 2700 Maryland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. McKee Doyle

6 DATE OF BIRTH (month, day, and year) Mch 20 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	80	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER Robert L. Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Peoria

12 MAIDEN NAME OF MOTHER Margaret Merritt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elizabeth E. Doyle (Address) 2700 Maryland Ave

15 Feb 3 1925 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 2 1925

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to Feby 2, 1925, that I last saw him alive on Feby 2, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis Incipient

(duration) unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) W. Hargrave, M. D.

(Address) 2439 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Staunton Va — DATE OF BURIAL Feb 3 1925

20 UNDERTAKER John Aulebach — ADDRESS 120 N. Fayette St

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94823

CERTIFICATE OF DEATH.

74 D 94823

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mary Catherine Teder St. 10 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Little Sister of the Poor.

(a) Residence No. Preston Valley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~single, married, or divorced~~ Widowed, (Write the word.)

5a-~~If married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Louis Teder.

6-DATE OF BIRTH (month, day and year) No record

7-AGE. about 75 yrs

.....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Francis Schaeffer.

11-BIRTHPLACE OF FATHER (city or town) (State or Country).

12-MAIDEN NAME OF MOTHER, Annie Gross

13-BIRTHPLACE OF MOTHER (city or town) (State or Country).

14- (Informant) Sister Florence

(Address) Preston & Valley Sts

15- 3 MAR 1925, 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 3/25

17- I HEREBY CERTIFY, That I attended deceased from ~~no~~ record ....., 19....., to....., 19.....

that I last saw h.. alive on Feby 1, 19 25

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

.....(Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY (Secondary) Coma

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) H. Allworn, M. D

Feb 3, 19 25 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 5, 1925
20-UNDERTAKER.	**ADDRESS**
K. C. Wedefeld	914 Greenmt Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94824

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94824

CERTIFICATE OF DEATH.

91-00

1-PLACE OF DEATH

City of BALTIMORE: (No. Sisters of the Poor, 10-W Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Julian Howard

(a) Residence No. Preston & Valley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced~~ (Write the word.) Widow

5a-~~If married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas Howard

6-DATE OF BIRTH (month, day and year)

7-AGE, ...85....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) South Bend (State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Louis St Comte

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), x

12-MAIDEN NAME OF MOTHER, Marie Friesden

13-BIRTHPLACE OF MOTHER (city or town)..... x (State or Country),

14- (Informant) Sister F. Germaine

(Address) Preston & Valley

15- Filed ..... 1925 Howard P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 1 1925

17- I HEREBY CERTIFY, That I attended deceased from No record, 19....., to....., 19.....

that I last saw h.. alive on January 31, 1925

and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

.....(Duration).....yrs.....mos.....ds

CONTRIBUTORY (Secondary) Coma

.....(Duration).....yrs.....mos.....ds

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

July 2, 1925 (Signed) F Albanese M. D.

(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral Feb 4 1925

DATE OF BURIAL,

20-UNDERTAKER, H.C. Wiedefeld

ADDRESS 914 Greenmt Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94825

CERTIFICATE OF DEATH.

90 D 94825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 N Bradford ST., 8 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie M. Hammann

(a) RESIDENCE NO. 1516 N Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND of~~ ~~(or)~~ WIFE of Jacob W Hammann.

6 DATE OF BIRTH (month, day, and year) Sept 22-1874

7 AGE: 51 years | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales

14 Informant (Address): Jacob W Hammann 1516 N Bradford st

FEB 4 - 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 25 to Feb 1, 19 25

that I last saw h[illegible] alive on Feb 1, 19 25

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows*

~~From~~ Cardiac Asthma

Mitral Regurgitation

Pulmonic Valve Insufficiency

(duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2-4-25 (Address) 1516 N Bradford St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn County — DATE OF BURIAL: Feb 4 1925

20 UNDERTAKER: Robt J Turner & Son — ADDRESS 1642 N Broadway

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94826

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94826

CERTIFICATE OF DEATH.

5-100-001

Registered No. 5

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 Collett St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Butler

(a) Residence No. 612 Collett St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Col

5-Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 10. 1924

7-AGE. yrs. 10 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS

10-NAME OF FATHER, John Butler

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Chas. Co. Md

12-MAIDEN NAME OF MOTHER Margaret Berry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Prince Geo Co Md

14- (Informant) Margaret Butler

(Address) 612 Collett St

15- FEB 4 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Febry 2. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1925 to Febry 2, 1925 that I last saw h. ~~m~~ alive on Febry 1, 1925 and that death occurred, on the date stated above, at 11.50 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 1st ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Diagnosis

(Signed) Paul Brown M. D

2/3, 1925 (Address) 837 Pa ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL, 2-4-1925

20-UNDERTAKER Wm Eaton — ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

D 94827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1539 D 94827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2350 N. Stockton ST., 15 WARD)

2-FULL NAME Mary Ellen Durham

(a) RESIDENCE NO. 2350 N. Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Durham

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard County

PARENTS

10 NAME OF FATHER Patrick Addison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co

12 MAIDEN NAME OF MOTHER Caroline Tyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co

14 Informant (Address) Mrs Caroline Hollayne 1418 Druid Pk

15 Filed FEB 4 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20 . 1924 . to Feb 2 . 1925 ,

that I last saw h[illegible] alive on 2nd Feb . 1925 ,

and that death occurred, on the date stated above, at 2.40 p. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) Two yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Symptoms

(Signed) John E. J. Campus M. D.

, 19 (Address) 1405 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

20 UNDERTAKER Hamilton Carter

DATE OF BURIAL 2-4-25

ADDRESS 9th & Bond

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94828

CERTIFICATE OF DEATH.

90 D 94828

1-PLACE OF DEATH

City of BALTIMORE. (No. 3634 Buch Ave St., 19th Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Evert

(a) Residence No. 3634 Buch Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, Divorced, (write which) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Capt Charles L. Evert

6-DATE OF BIRTH (month, day and year) Sept 15-1850

7-AGE, 74 yrs. 4 mos. 18 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Hartford Co. Md

PARENTS.

10-NAME OF FATHER Franklin Calder

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Katherine Curry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Harford Co. Md

14- (Informant) Mrs Evert

(Address) 3634 Buch Ave

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

FEB 4 1925 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 3-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1925 to Feb 3 1925

that I last saw h.. alive on Feb. 2 1925

and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Broncho Pneumonia

(Duration) 2 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) [illegible] M. D.

Feb. 3, 1925 (Address) 3429 Chestnut St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion M E Church Cemetery Harford Co Md Feb 5 1925

20-UNDERTAKER, A S Marshall ADDRESS 2539 Fulton Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94829

CERTIFICATE OF DEATH [illegible] No. D 94829

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Mercy Hospital ST., 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Hallmann

(a) RESIDENCE NO. 2106 E Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. or 30 min.

Stillborn

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Albert Hallmann

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Emma Rubenstein

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Hospital Record
(Address)

15 FEB 3 - 1925 ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1/25

17 I HEREBY CERTIFY, That I attended deceased from 2/1/25, 19 to 2/1/25, 19 .

that I last saw h~~e~~ alive on 2/1/25, 19 ,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) K. W. Goldzier, M. D.

(Address) Mercy, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: FEB 3 - 1925

20 UNDERTAKER [illegible] Inspector Health.

ADDRESS

For Wm. S. Marshall

Spec. 1-10-21 M&T 1500 Blks.

D 94830

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 D 94830

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 W Monument ST., 11-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elisa Kulp Reuling

(a) RESIDENCE No. 103 W Monument ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	72	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: G Kulp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie Vorback

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Richard H Pleasants

(Address): Guilford

FEB 4 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1924 to Feb 3rd 1925 that I last saw h[illegible] alive on Feb 2nd 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis, Chronic Nephritis (duration) Many yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) L Ortyn Street M. D.

1925 (Address) 712 Park Ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Feb 5 1925
20 UNDERTAKER	ADDRESS
H Glenn Sons Co	Gilmor & Collock St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94831

CERTIFICATE OF DEATH.

D 94831

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 20 - 473 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Eberlein

(a) RESIDENCE NO. 2229 Wilkens Ave. St. W WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., If of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna E Eberlein

6 DATE OF BIRTH (month, day, and year) Nov 5 1877

7 AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
47		7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Engel E Eberlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Lyheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna E Eberlein

(Address) 2229 Wilkens Ave

15 Filed FEB 4 - 1925, 19 ROBERT A. KRAUTZ Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2/25 19

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1924, to Feb 2, 1925, that I last saw him alive on Feb 2/25, 19, and that death occurred, on the date stated above, at 1.25 a m.

The CAUSE OF DEATH* was as follows:

Spinal Cord Tumor

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs — mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Herman Spudman M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb 4th 19 25

20 UNDERTAKER F. B. Supplee — ADDRESS 1850 N Gay St

Spec.—1-10-21—M&T—1500 Bks.

Mrs A. Engle

177662

D 94832

HEALTH DEPARTMENT—CITY OF BALTIMORE

1022 N. Eutaw ED 94832

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 44 REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST., 11 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Everingham

(a) RESIDENCE NO. 1022 N. Eutaw ST., WARD C
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Everingham

6 DATE OF BIRTH (month, day, and year) Sept 20 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Jacob Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Lisa Tom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 FEB 4 - 1925 19 Registrar

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 - 1925 to Feb 3 - 1925

that I last saw her alive on Feb 3 - 1925

and that death occurred, on the date stated above, at 2.25 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of common bile duct.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhage into stomach

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home Jan 20

Did an operation precede death? Yes Date of Feb 1
Excision carcinoma of common duct.

Was there an autopsy? Yes.

What test confirmed diagnosis? Pathological

(Signed) Thos Harrold, M. D.

, 19 (Address) J. H. Hosp -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trenton N. J. DATE OF BURIAL Feb 4th. 1925

UNDERTAKER F. B. Kuppert ADDRESS 850 N. Bell St

Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Hospital 3-3 90 ST., WARD)

REGISTERED NO. D 94833

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Phillips

(a) RESIDENCE NO. 1407 Eastern Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	60 yrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) 680
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Charles Norburg
(Address) 1407 Eastern Ave

FEB 4 - 1925
THE MORGUE.

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Exhaustion yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J C Blades (Coroner), M. D.

(Address) 1437 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	Feb 4 1925
20 UNDERTAKER	ADDRESS
Leo J Ruth	1735 Harford

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94834

CERTIFICATE OF DEATH.

10 1001

D 94834

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 Leadenhall St., 23-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Kate Carter

(a) Residence No. 1028 Leadenhall St., 23 Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Carter

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Operative 31

(b) General nature of industry, business, or establishment in which employed (or employer). Canneries

(c) Name of employer. Self

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Geo Waters

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Betty Reals

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Kate Brooks

(Address) 1028 Leadenhall

15- FEB 4 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/31/25

17- I HEREBY CERTIFY, That I attended deceased from 1/26/25, 19.. to 2/2/25, 19..

that I last saw h.. alive on 2/2/25, 19..

and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(Duration) 2 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos Morley, M. D.

1/31, 19 25 (Address) 908 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. W.M. Carlyn Car

DATE OF BURIAL, 2/4/25

20-UNDERTAKER. Samuel T. Hursey

ADDRESS 578 N Bdle

Spec—12-23-21—E.B.R.S.—400 Blks.

94835

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94835

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 135 Catherine St St., 20-24 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jeanetta E. Blunt.

(a) Residence No. 135 Catherine St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 1 - 1896

7-AGE. 28 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. A. Blunt.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Susie Scholl

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs. Wm. A. Blunt.

(Address) 135 S Catherine St.

15- FEB 4 - 1925 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 2, '25

17- I HEREBY CERTIFY, That I attended deceased from Jan 26, 19 24, to Feb 2, 19 25, that I last saw h.. alive on Jan 30, 19 25, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 2 yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and

(Signed) James A. Fitzgerald M.D.

2/3, 1925 (Address) 1729 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park DATE OF BURIAL. Feb. 5, 19 25

20-UNDERTAKER. Harry A. Witzke ADDRESS 1531 W Lombard St

Spec—12-23-21—E.B.R.S.—400 Bks.

94836

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94836

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 718 S. Port St. St., 1-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Paul Joseph Archis

(a) Residence No. 718 S. Port St. St., 1 Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 11-1922

7-AGE, 2 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) gld

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Paul F. Archis

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Josephine Meisel

13-BIRTHPLACE OF MOTHER (city or town) Balto. (State or Country), Md.

14- (Informant) Paul F. Archis

(Address) 718 S. Port St.

15- FEB 4 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 2-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to Feb 2 1925 that I last saw h~~im~~ alive on Feb 2 1925 and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

Empyema of lung

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bleeding

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? gld Date of Feb 1/24

Was there an autopsy? no

What test confirmed diagnosis* Clinical

(Signed) Ca E Bacon M. D.

2/4, 1925 (Address) 390 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL, Feb. 4, 1925

20-UNDERTAKER Lilly & Zieler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

D 94837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109-002 D 94837

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1525 N. Saratoga ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Plater,

(a) RESIDENCE NO. 1525 Saratoga ST., WARD 19
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Packing Co

(b) General nature of industry, business, or establishment in which employed (or employer) Greenwald

(c) Name of employer Greenwald Packing Co

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary L. Briggs
(Address) 1525 Saratoga St

15 FEB 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 2 - 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-6-, 1925, to 2-2-, 1925,

that I last saw h alive on ", 19

and that death occurred, on the date stated above, at 1-30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Follicular Tonsillitis, Neuritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Carnochan, M. D.

2-3, 1925 (Address) 1524 N. Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem — DATE OF BURIAL Feb 4th 1925

20 UNDERTAKER A. Jones — ADDRESS 111 S Gilmor St

Cor.—1-12-23—M&T—100 Bks.

D 94838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-2 90 D 94838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 Sterling St ST., 5 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Finney

(a) RESIDENCE NO. 665 Sterling St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Finney

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. Spillman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine E. Limberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Spillman
(Address) 716 N. Caroline St

15 Filed FEB 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiacy Insufficiency - probably myicardial

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

(Signed) J. S. Wallace, M. D.
(Coroner.)

2-3-25, 192 (Address) 508 E. NorthAve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feby 5 1925

20 UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument

Spec.—1-10-21—M&T—1500 Blks.

D 94839 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 D 94839

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 5-1 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Poole

(a) RESIDENCE NO. Govanstown (Eastern St., Ward
(Usual place of abode)
Length of residence in city or town where death occurred Eastern mos. ds. How long in U. S., if of foreign birth? Lifelong Native yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Nicholas Poole

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed FEB 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 29 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-27, 1925, to 1-29, 1925, that I last saw him alive on 1-29, 1925, and that death occurred, on the date stated above, at 9.00 P m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ext.

(Signed) Claude C. Drane, M. D.

1-30, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	Feb 1925
20 UNDERTAKER J. J. Bokey & Sons	ADDRESS 1318 Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94840

CERTIFICATE OF DEATH.

90 D 94840

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Ailsa Ave. ST. 27-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Boerner.

(a) RESIDENCE. No. 103 Ailsa Ave. ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of Jacob Boerner.

6 DATE OF BIRTH (month, day, and year) Oct. 6. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Christian Plitt.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bardenhopf. Ger.

12 MAIDEN NAME OF MOTHER Catherine Fisch.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Anna Cox
(Address) 103 Ailsa

15 FEB 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1924, to Feb. 3, 1925, that I last saw her alive on Feb. 2, 1925, and that death occurred, on the date stated above, at 10 29 A m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? —

(Signed) Wm. Deaton, M. D.

2-3, 1925 (Address) 638 Fork Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Cedar Hill Feb 6th 25

20 UNDERTAKER — ADDRESS

F. R. Wiskert 1850 N. Bells Se

Spec.—1-12-23—M&T—500 Bks.

D 94841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 94841

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Clara Winkel

(a) RESIDENCE NO. 718 W Hamberg St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Winkel

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade; profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Eugene Winkel (Address) 718 W Hamberg St

15 Filed FEB 4 - 1925 H. R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-1 — 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1924, to Feb. 1st, 1925, that I last saw h[illegible] alive on Feb. 1st, 1925, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH*, was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible]

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk. Cem

DATE OF BURIAL 2-4 1925

20 UNDERTAKER James Degnan & Son

ADDRESS 1000 Park St

Cor.—1-12-23—M&T—100 Bks.

D 94842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94842

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. American Sugar Refinery. ST. 10-5 WARD)

2-FULL NAME John Glover.(C).

(a) RESIDENCE NO. 533 Kirby Lane. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Married.

5a If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Minnie Glover.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	--	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) American Sugar
(c) Name of employer Refinery.

9 BIRTHPLACE (city or town) (State or country) Texas.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Minnie Glover.(C)(wife).
(Address) 533 Kirby Lane.

FEB 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2nd, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner)

Feb. 4th, 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	2- 1925
20 UNDERTAKER Dunn & Earley	ADDRESS 69 Lee

Spec.—1-10-21—M&T—1500 Blks.

D 94843

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94843

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Regina Jenkins ST., 7 1-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 1408 Hard St

(a) RESIDENCE NO. 1408 u St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jim Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Grace Jenkins (Address) 1408 Hard St

15 Filed FEB 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1925, to Feb 2, 1925, that I last saw h alive on Feb 2, 1925, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary TB,

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hubert Davis, M. D.

, 19 (Address) 1 m Woodbury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	2 - 5, 1925
20 UNDERTAKER Jno Earlow	ADDRESS E/L Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94844 D 94844

CERTIFICATE OF DEATH.

94844 1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1808 Frederick Ave St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Henry Eichner

(a) Residence No... 1808 Frederick Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) —

7-AGE About 62 years
...yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Eichner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christina

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Katherine Eichner
(Address) Holbrook St & Gabriel Road

15- Filed ..... 192.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 3-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925 to Feb 2, 1925 that I last saw h... alive on Feb 2, 1925 and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) ...yrs. ...mos. 1 day ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Wm A Abbe, M. D.

Feb 3, 1925 (Address) 57 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cem. | DATE OF BURIAL, Feb. 5, 1925

20-UNDERTAKER, George H Schwab | ADDRESS, 1501 Eutaw Pl.

FEB 4 - 1925 ROBERT P. KRAUTER Vital Records Clerk

FILMED

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 34845

CERTIFICATE OF DEATH.

100-001

D 34845

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Druid Hill Ave. St.) 70-4 (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Mae Barnes

(a) RESIDENCE. No. 2501 Druid Hill Ave St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 27 Dec 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Raymond Norris Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elderberg Md

12 MAIDEN NAME OF MOTHER Florence Kiemodel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Raymond Barnes (Address) 2501 Druid Hill Ave

15 Filed FEB 4 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 Feb 1925

17 I HEREBY CERTIFY, That I attended deceased from 30 Jan, 19 25, to 2 Feb, 19 25, that I last saw h.. alive on 2 Feb, 19 25, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Vance Baker, M. D.

, 19 (Address) 2565 Frd. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb. 4-25

20 UNDERTAKER: George L. Schmidt — ADDRESS: 2101 Eutaw Ave.

U.S. AFTER WAR

DAK

Spec.—1-10-21—M&T—1500 Bks.

D 94846

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94846

CERTIFICATE OF DEATH.

20-490

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 S Furrow St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Stilling

(a) RESIDENCE NO. 407 S Furrow St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Henry Stilling

6 DATE OF BIRTH (month, day, and year) Dec 22, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md (State or country)

PARENTS

10 NAME OF FATHER Jacob Schaub

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth (Bridam

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant John J. Schalitzky (Address) 437 S Furrow St

15 Filed , 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1925, to Feb 3, 1925, that I last saw her alive on Feb 3, 1925, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw J. Coolahan, M. D.

, 19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb. 6 19 24

20 UNDERTAKER George L. Schwab — ADDRESS 401 Eutaw Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94847

CERTIFICATE OF DEATH.

31 D 94847

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Elliott ST., 1-3 WARD)

2-FULL NAME Marie Dolores Hofmeier

(a) RESIDENCE NO. 2809 Elliott ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Hofmeier.

6 DATE OF BIRTH (month, day, and year): Oct. 10th 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper at

(b) General nature of industry, business, or establishment in which employed (or employer): Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Charles Backus.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ella T. Monahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: George Hofmeier

(Address): 2809 Elliott St.

15 Filed FEB 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1925 to Feb. 2, 1925.

that I last saw her alive on Feb. 2, 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronnshas, M. D.

2-3-, 1925 (Address) 3037 Ordway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb. 6th 1925
20 UNDERTAKER	ADDRESS
Lilly & Geier	402 E. Hoffman

D 94848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94848

1-PLACE OF DEATH

City of BALTIMORE: (No. 600 West North Ave St. 13-6 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Bryan Jones

(Residence in Baltimore: No. 600 West North Ave St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH.

..... 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
.....yrs. 6 mos. .....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Industry, business, or establishment in which employed (or employer). Child

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Louis Krauss

11-BIRTHPLACE OF FATHER, (State or Country). " "

12-MAIDEN NAME OF MOTHER. " "

13-BIRTHPLACE OF MOTHER, (State or Country). " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Groat

(Address) 600 West North Ave

FEB 4 - 1925

ROBERT R. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3rd 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart disease

.....
(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

.....
(Duration) .....yrs. .....mos. .....ds.

(Signed) John H. Morrison M. D.
(Coroner.)

Feb 4 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 600 West North Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Marys Cemetery	2/4 1925
20-UNDERTAKER. William Cook	ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94849

CERTIFICATE OF DEATH.

101-301 D 94849

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 S Schroder St ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael J Rawley

(a) RESIDENCE No. 131 S Schroder St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Della N. Rawley

6 DATE OF BIRTH (month, day, and year) Aug 10,1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 556

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Rawley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Cadden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Della Rawley

(Address) 131 S Schroder St

15 Filed FEB 4 - 1925 HUBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925 to Feb 3, 1925

that I last saw him alive on Feb 3, 1925

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Coolahan M. D.

19 (Address) Edward V. Coolahan 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb 6 1925

20 UNDERTAKER Chas L. Stevenson

ADDRESS 21 E Fort Ave

Spec.—1-10-21→M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94850

CERTIFICATE OF DEATH.

38 D 94850

1-PLACE OF DEATH Bay View Hospital

REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 2-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Karminoski

(a) RESIDENCE NO. 1709 Eastern Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Theresa Karminoski

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View Hospital. (Address)

15 Filed FEB 4 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1925. 19 ... to Feb 3, 1925. 19 ... that I last saw him alive on February 3, 1925 and that death occurred, on the date stated above, at 11.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Paralysis (Cause unknown)

(duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senile Decrepitude

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) H. Goldsmith M.D.

2/4/1925 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem.

DATE OF BURIAL Feb. 6 1925

20 UNDERTAKER H. C. Sander Sons

ADDRESS 1710 Eastern

Spec.—1-10-21—M&T—1500 Bks.

D 94851

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-D 94851

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Gough ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia Engelhardt

(a) RESIDENCE No. 1723 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Engelhardt

6 DATE OF BIRTH (month, day, and year) June 18, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Yeager

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Remlein

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Martin Engelhardt (Address) 1723 Gough St.

15 Filed FEB 4 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1920, to Feb 2, 1925; that I last saw h[illegible]live on Feb 2 1925 and that death occurred, on the date stated above, at 2 50 P. m.

The CAUSE OF DEATH* was as follows:

Exophtholmic Goiter Condition Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Failure of Compensation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical

(Signed) J. W. Thomas M. D.

Feb 3 1925 (Address) 1728 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Feb. 5 1925
20 UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Eat St

Burial Permit Issued Dr. Thomas 1728 N. Caroline St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94852

CERTIFICATE OF DEATH.

101-001

D 94852

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 314 S. 15th St ..... St., 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Julia Pickus .....

(a) Residence No. 314 S. 15th St ..... St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Pickus

6-DATE OF BIRTH (month, day and year) Dec 12. 1844

7-AGE. 80 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home

(b) General nature of industry, business or establishment in which employed (or employer). 000

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Scheser

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14-

(Informant) Louis Pickus

(Address) 314 S. 15th St

15-

Filed ..... 192... ROBERT R. KRAUTER Registrar.

FEB 4 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 2. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1925 to Feb 2nd 1925

that I last saw her alive on Feb 1st 1925

and that death occurred, on the date stated above, at 4.20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Adam Fod, M. D.

, 19 (Address) 4704 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Pauls Cemetery	Feb. 5 ....., 192..
20-UNDERTAKER.	**ADDRESS.**
H. Sander Sons	1710 Hood St

Dr. Fod 4704 Eastern Ave

Burial, Forest Park Cem

Spec.—1-10-21—M&T—1500 Blks.

D 94853

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94853

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1120~~ 1133 N. Gilmor St. ST. 16-6 WARD)

2-FULL NAME Mary Anna Catherine Dietz

(a) RESIDENCE NO. ~~1120~~ 1133 N. Gilmor St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or towo and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence D. Dietz

6 DATE OF BIRTH (month, day, and year) Sept. 26. 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	81	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Herman H. Barlage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Fullenkamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Dietz

(Address) 1120 N. Gilmor St.

15 Filed 4-1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 30, 1925, to Feby 2, 1925, that I last saw her alive on February 1, 1925, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
Left side brain - r side
Hemiplegia

(duration) yrs. mos 3 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) J. Hurley, M. D.

2-4 1925 (Address) 1108 Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eutaw St. Cemetery Chapel - Md

DATE OF BURIAL Feby 1925

20 UNDERTAKER W. J. Treacy Son

ADDRESS Norwood

Spec- 12-23-21- E.B.R.S.-400 Bks.

(Hawkins.)

D 94854

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94854

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1386 Stockton St., 15-13 Ward) Registered No. 98

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma Hawkins

(a) Residence No. 1386 Stockton St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Hawkins

6-DATE OF BIRTH (month, day and year) 1871

7-AGE. 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Janitress of School

(b) General nature of industry, business, or establishment in which employed (or employer). 470

(c) Name of employer.

9-BIRTHPLACE (city or town) Farmville (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, —— Cowans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant). Patrick Johnson

(Address). Farmville Va.

Filed FEB 4 - 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 2 1925

17- I HEREBY CERTIFY, That I attended deceased from June 8 1925 to July 2 1925

that I last saw her alive on July 1 1925

and that death occurred, on the date stated above, at 3 30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas S. Champe M. D.

2/6/25 1925 (Address) 1504 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn cemtry

DATE OF BURIAL. Feb 5 1925

20-UNDERTAKER. Mrs Jas. H. Dennis per T. E. Nelson

ADDRESS 1303 Pressman St

Spec.—1-12-23—M&T—500 Bks.

D 94855 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94855

CERTIFICATE OF DEATH.

159-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. W 0-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kath Cuffley

(a) RESIDENCE NO. 2425 Christian St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 12 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER D C. Cuffley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Rosa Rosenburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant D. C. Cuffley

(Address) 2425 Christian

Filed FEB 4 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1925, to Feb. 3, 1925,

that I last saw h... alive on ..., 19..,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Edema of Lungs.

(duration) 2 mos yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 1-21-25

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jerome H. Probst, M. D.

, 19 (Address) 906 N. Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feb 5 1925
20 UNDERTAKER Robt J Turner & Sons	ADDRESS N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94856

D 94856

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Harry G. Warren

(a) RESIDENCE NO. Cromwell Place, ST., New Orleans, La
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Harry G. Warren

6 DATE OF BIRTH (month, day, and year) ? 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dry Goods Wholesale

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

045

9 BIRTHPLACE (city or town) (State or country) Ala

PARENTS

10 NAME OF FATHER Perrin Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Lloyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL.

15 2-4-1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 11, 1925 to Feb 4, 1925.

that I last saw h alive on Feb 4, 1925

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy - Hemiplegia R.

(duration) yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis General

(duration) many yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Phys. Examination

(Signed) Chas. H. Loaimeright Jr. M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Orleans La

DATE OF BURIAL 2/4 1925

20 UNDERTAKER Chas. F. Evans & Son

ADDRESS 118 N. Rampart

Sold by all Stationers. See instructions on back of certificates.

D 94857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94857

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Mercy Hospital St. D-1 WARD) REGISTERED No. C 191

2-FULL NAME Joseph Parri (or Parri)

(Residence in Baltimore: No. 217 Aliceanna St

(If death occurred in a hospital or institution, give its NAME instead of street (and number and fill out No. 18.)

St yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Sept 5, (Month) (Day) 1 (Year)

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Antonio Parri

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angelina Nanni

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept

(Address)

15- Filed 4 1925, 191 Robert P. Garrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jul 2, (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Gunshot wound of abdomen
Shot accidently by Nonresident
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

Jul 3 1925 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, 7/5/25

20-UNDERTAKER Joseph Akers — ADDRESS 221 Bway

Cor.—1-12-23—M&T—100 Bks.

D 94858

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94858

CERTIFICATE OF DEATH.

X 182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Dry Dock. Fairfield. St., 25-9 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard F. O'Connor.

(a) RESIDENCE No. Liverpool England. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	--	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mess Boy.
(b) General nature of industry, business, or establishment in which employed (or employer) S/S. Athelfoam.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14
Informant William Kemp. 1st. officer.
(Address) S/S. Athelfoam.

15 Filed 4-1925. 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2nd, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Fall from a Dry Dock.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner.) M. D.

Feb. 4th, 1925. (Address) 1011 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cem	Feb 5th 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1500 Bks.

D 94859

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94859

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2125 Mt Holly ST., 15 WARD)

REGISTERED NO. 15-587

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Hering

(a) RESIDENCE No 2125 Mt Holly ST., 15 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie S. Hering

6 DATE OF BIRTH (month, day, and year) Jan 22-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate

(c) Name of employer R Land Park Co

9 BIRTHPLACE (city or town) Hurmont (State or country) Md

PARENTS

10 NAME OF FATHER Joshua Hering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co Md

12 MAIDEN NAME OF MOTHER Susana Harmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co Md

14 Informant H.B. Hering (Address) 3504 Spring Lake Rd

15 Filed 4-1925, 19 Robert P. Harrison Registrar

Burial permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/18, 1925, to 2/2, 1925, that I last saw h alive on 2/1, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Paralysis (duration) yrs. mos. 14 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. Wright M. D.

2/3, 1925 (Address) 66 Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Feb 5 1925
20 UNDERTAKER	ADDRESS
H. Allen Fuller	2902 Garrett Blvd

Spec.—1-10-21—M&T—1500 Blks.

D 94860

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 94860

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 16-7 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin H Howard

(a) RESIDENCE NO. Bay View Asylum St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) H O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Municipal Hospital Records
(Address)

15 Filed 4-1925, 19 Robert P. Harrison, Registrar
Chief Interm. Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-26, 1925, to 2-3, 1925, that I last saw him alive on 2-3, 1925, and that death occurred, on the date stated above, at 9 00 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clarke G. Dorsey, M. D.

2-3, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Poplar Baltimore	Feb 5 1925
20 UNDERTAKER Ehenowetz & Son	ADDR 3647 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94861

CERTIFICATE OF DEATH.

49 D 94861

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Olive St. ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Rigby.

(a) RESIDENCE NO. 1018 Olive St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 4 - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tutor

(b) General nature of Industry, business, or establishment in which employed (or employer) — 040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Capt. Harry Rigby.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Virginia Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Harry Rigby (Address) 4922 Hartford Ave

15 Filed ... 19... Registrar

No. 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1924, to Jan 2, 1925.

that I last saw h alive on Jan 2, 1925

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Penis

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? Yes Date of about July 1924

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

Jan 4, 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. DATE OF BURIAL: Feb 5 1925

20 UNDERTAKER: Gust. J. Putt. ADDRESS: 1735 Hartford Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-90 D 94862

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N. Gay ST.: 5-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotta Klitch

(a) RESIDENCE. No. 540 N. Gay ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Klitch

6 DATE OF BIRTH (month, day, and year) Oct 13 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Prop of retail

(b) General nature of industry, business, or establishment in which employed (or employer) shoe store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER L. Hise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER B. Rabe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

11 Informant Richard Klitch

(Address) 540 N. Gay st

15 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 1925, to Feb 7 1925, that I last saw her alive on Feb 7 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Coronar Heart Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Heiss M. D.

2/4. 1925 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Feby 5th 1925
20 UNDERTAKER	ADDRESS
Liston P. Fussell & Co	520 St Paul

Baptist Parish Clerk

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94863

CERTIFICATE OF DEATH.

1011001

D 94863

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 660 Vine St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... margrett Canady

(a) Residence No.... 660 Vine St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred x yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) — 1882

7-AGE. 43 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... New Bern
(State or Country), N. Carolina

PARENTS

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country),

12-MAIDEN NAME OF MOTHER, Mary J Hills

13-BIRTHPLACE OF MOTHER (city or town) Newbern
(State or Country), N. Carolina

14- (Informant)..... Bertha Washington
(Address)..... 660 Vine St.

15- Filed FEB 5 - 1925 192.... ROBERT R. KRAMES Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/2/25

17- I HEREBY CERTIFY, That I attended deceased from 1/26, 1925 to 2/2 1925

that I last saw her alive on 2/1 1925

and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dan Drummond, M. D.

2/2, 1925 (Address) 1212 E Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Ashley Cemetery	Feb 5, 1925
20-UNDERTAKER	ADDRESS
Mrs R. G. Elliott	1725 Ashland Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94864

D 94864

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lena Gross

(a) RESIDENCE NO. 2362 Mc Cullough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If ~~married~~, widowed, or divorced HUSBAND of (or) WIFE of Harry Gross

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER William Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant

(Address) 1537 E. Baltimore St.

15 FEB 5 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/2, 1925, to 2/4, 1925.

that I last saw her alive on 2/4, 1925.

and that death occurred, on the date stated above, at 6.50 m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

3 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isidor J. Fox, M. D.

Feb. 19 25 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem

DATE OF BURIAL 2-5 1925

20 UNDERTAKER Jack Lewis 1409 E. Baltimore St

ADDRESS

Spec.—1-10-21 M&T 1500 Blks.

Hark

D 94865

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

100 D 94865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Hark

(a) RESIDENCE NO. 1523 Mulliken ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Judas Hark

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lewin Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital (Address)

15 Filed FEB 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925, to Feb. 4, 1925, that I last saw h[illegible] alive on Feb. 4, 1925, and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 5 hrs ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isidore J. Fuig M. D.

Feb. 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest

DATE OF BURIAL 2/5 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balt

Cor.—1-12-23—M&T—100 Bks.

D 94866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 94866

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 N. Saratoga ST., 20-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry H. P. Ackerman

(a) RESIDENCE No 2022 N Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Christian Ackerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie M. Zwanger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Linden A. Roper
(Address) 2022 N. Saratoga St

FEB 5 - 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3rd 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage Brain Suicide - Shot self Right side head

(duration) At once ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)

Feb 4th, 1925 (Address) Curtis Bay, Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 5 1925
20 UNDERTAKER W. J. Tucker & Son	ADDRESS North Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94867

CERTIFICATE OF DEATH.

D 94867

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 309 South Stricker St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Virginia Gordon

(a) Residence No. 309 South Stricker St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Gordon

6-DATE OF BIRTH (month, day and year) Sept. 26, 1845

7-AGE,	If LESS than 1 day,
79 yrs. 4 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). ods
(c) Name of employer.....

9-BIRTHPLACE (city or town) Richmond
(State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Hopkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Ann Rebecca Carter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14-

(Informant) Mrs. John B. Lane

(Address) 309 S. Stricker Street

Rec'd FEB 5 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 20, 19..., to Feb 4, 1925, that I last saw h... alive on Feb 4, 1925, and that death occurred, on the date stated above, at 2.15 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Oakley D., M. D.

2-4, 1925 (Address) 2232 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, Feb. 6, 1925
Loudon Park Cem	
20-UNDERTAKER. Joseph B. Cook	ADDRESS 1003 W. Balto St.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94868

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mount Hope Retreat St., 2800 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Neisendorfer

(a) Residence No. Mt Hope Retreat St., 28 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 24-1859

7-AGE,	If LESS than 1 day,
65 yrs. 1 mos. 8 ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Neisendorfer

11-BIRTHPLACE OF FATHER (city or town) (?) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Gertrude Winter

13-BIRTHPLACE OF MOTHER (city or town) (?) (State or Country), Germany

14-

(Informant) Records of Mt Hope Retreat

(Address) Baltimore Md

FEB 5 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 4-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1920, to Feb 4 1925, that I last saw h. alive on Feb 3rd 1925, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Gen. Neuritis (With Complications)

abt (Duration) 5 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Depr. Psychosis

(Duration) 5 yrs. 0 mos. 0 ds.

18-Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

Feb 4th, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Holy Redeemer Cemetery	Feb 6, 1925
20-UNDERTAKER.	**ADDRESS**
Henry Hoerle Son	1301 E Eager St

Charles G Weller

HEALTH DEPARTMENT—CITY OF BALTIMORE

94869

CERTIFICATE OF DEATH.

125 D 94869

1-PLACE OF DEATH
CITY OF BALTIMORE (No. C. C. Hospital ST.: Mercy Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 1841 Charles Clifton Weller

(Residence in Baltimore: No. 1691 Harley Ave St. 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 5, 1874 (Month) (Day) (Year)

7-AGE, 50 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) R.R. Co.

9-BIRTHPLACE, (State or Country), Md Balt. Co. Weller

PARENTS.

10-NAME OF FATHER, Wm. Weller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna A. Stiller

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Weller

(Address) 1691 Harley

15- FEB 5 - 1925 ROBERT P. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 3, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis, being treated upon — probably 2 mos.

(Duration) yrs. mos. ds.

(Signed) C. W. Fisher M. D. (Coroner.)

Feb. 5, 1925 (Address) 1039 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, Feby 6, 1925

20-UNDERTAKER Chas. D. Black

ADDRESS 742 W. North ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94870 CERTIFICATE OF DEATH. 161-002 D 94870

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Johnson

(a) RESIDENCE No. 2650 Florence st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Anna Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital.

15 Filed . 19 04:30 ROBERT R. KRETTER, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 19 25

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 19 25, to Jan. 17, 19 25, that I last saw h[illegible] alive on Jan. 17, 19 25, and that death occurred, on the date stated above, at 12 00 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E L Stone, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL FEB 2 1925

Commissioner of Health, Wm. F. NORRIS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94871 CERTIFICATE OF DEATH.

161-001 D 94871

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Peterson

(a) RESIDENCE NO. 1313 Shreiver ST. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 31, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John F. Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Grace Shreiver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital

15 Filed FEB 5 - 1925, ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925, to Feb 2, 1925, that I last saw him alive on Feb. 2, 1925, and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E E Stone, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: FEB 4-, 1925

20 UNDERTAKER

ADDRESS

Commissioner of Health,

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94872 CERTIFICATE OF DEATH. 16-001 D 94872

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Peterson

(a) RESIDENCE NO. 313 Chester St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 31, 1925

7 AGE Years Months Days — If LESS than 1 day 10 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: gld

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John J. Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Grace Shreiver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital JOHNS HOPKINS HOSPITAL

Filed FEB 5 - 1925 ROBERT R. KRAUTER, Registrar

0143 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3 , 1925 , to Jan. 31 , 1925 , that I last saw him alive on Jan. 31 1925 and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E L Stone, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: FEB 4 - 1925

20 UNDERTAKER: (Commissioner of Health)

ADDRESS

Spec.—1-10-21 - M&T - 1500 Blks.

94873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-2 90 D 94873

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H Baitz

(a) RESIDENCE NO. 26 N Madeira ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE OF~~ Theresa Baitz

6 DATE OF BIRTH (month, day, and year) Jan - 19 - 1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
60		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machine Hand

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Lonman Reinley Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Baitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Theresa Baitz

(Address) 26 N. Madeira St

15 FEB 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1925, to Feb 5, 1925,

that I last saw h[illegible] alive on Feb 5 1925

and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Decompensation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A Adler, Resident Physician M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 2/7 1925

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94874 D 94874

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Goodman

(a) RESIDENCE No. 818 W. 22nd St Wilmington Del. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Goodman

6 DATE OF BIRTH (month, day, and year) May 3 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	44	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Dress Keeper~~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Record. (Address)

15 FEB 5 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/1925

17

I HEREBY CERTIFY, That I attended deceased from 11/5/24, 19..., to 2/4/25, 19..., that I last saw h[illegible]ive on 2/4/25, 19..., and that death occurred, on the date stated above, at 8.20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Contractory

Did an operation precede death? Yes Date of 12/10/24

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Goldey, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington, Del. DATE OF BURIAL 2/5/1925

20 UNDERTAKER David Sondheim ADDRESS 1800 mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks. Infant Richardson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94875 D 94875

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1 Hilaire Farside ST. 25-9 WARD 162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richardson

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
			8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Richard Richardson

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary Tisdale

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14

Informant .....
(Address) JOHNS

FEB 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1925, to Feb 5, 1925,
that I last saw her alive on Feb 5, 1925,
and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. T. Colyer M. D.

192 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 1925

20 UNDERTAKER Per. Wm. E. WOODALL. ADDRESS FEB 5

Commissioner of Health.

Spec.—1-10-21—M&T—1500 Blks.

D 94876 — 17 Feb — D 94876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lloyd Henry

(a) RESIDENCE NO. Turners Station ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 22-1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	2	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child (M)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edmond Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mabel Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed FEB 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925, to Feb 4, 1925.

that I last saw him alive on Feb 4, 1925

and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (primary)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edmund A. Kerper, M. D.

2/5, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Smithfield Va.	2/5/25 19
20 UNDERTAKER Mrs R. C. Elliott	ADDRESS Feb 5 Ashland Va

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94877 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 19-129

City of BALTIMORE: (No. Franklin Sq. Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert J. Detter

(a) Residence No. 118 N Calhoun St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? 37 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Columbia Detter

6-DATE OF BIRTH (month, day and year) Jan. 7-1841

7-AGE	If LESS than 1 day
80 yrs. — mos. 27 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Tobacco
(c) Name of employer Retired

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS

10-NAME OF FATHER, Jas. Detter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Mrs. C. T. Owens
(Address) 3601 Canterbury Rd

15- FEB 5 - 1925 GILBERT R. KRAUTER, Registrar
Muriel Permit Clerk. Hows

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-4-25

17- I HEREBY CERTIFY, That I attended deceased from 1-24- 1925 to 2-4- 1925
that I last saw h alive on 2-4- 1925
and that death occurred, on the date stated above, at 7.50 p.m.
The CAUSE OF DEATH* was as follows:
Chr. Valvular Disease of Heart
Chr. Interstitial nephritis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Hospital
(Signed) W. J. Penn, M. D.
2/4/, 1925 (Address) Franklin Sq. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Feby 6, 1925
20-UNDERTAKER,	ADDRESS
Harry W. Eblen	W. Montana

D 94878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 94878

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 814 N. Calhoun St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Isabella

(Residence in Baltimore. No. 814 N. Calhoun St.; yrs. 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): single

6-DATE OF BIRTH: Dec. 29, 1922 (Month) (Day) (Year)

7-AGE: yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or. ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Alexander Isabella

11-BIRTHPLACE OF FATHER. (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mabel Bennett

13-BIRTHPLACE OF MOTHER. (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Isabella

(Address) 814 N. Calhoun St.

15-

FEB 5 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. 3, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) no other history of any disease (Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Kennessy, M. D. (Coroner)

Feb. 4, 1925 (Address) 2862 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Feb. 5, 1925
20-UNDERTAKER.	**ADDRESS**
Mrs Katie R. Williams	N. Schroeder St. 32

Spec.—1-10-21—M&T—1500 Blks.

D 94879 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94879

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 So. Potomac ST., 1-2 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARIANNA BRINK- BRYKOWSKI,

(a) RESIDENCE NO. 520 So. Potomac ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 40 yrs. 0 mos. 0 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White,	Widow,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Brink- Brykowski,

6 DATE OF BIRTH (month, day, and year) Unknown,

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work at home,

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Unknown,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Marie E. Motrosko.

(Address) 520 S. Potomac St

Filed FEB 5 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-25 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1924 to Feb 3, 1925.

that I last saw h[illegible] alive on Feb 2, 1925.

and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

with Acute Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Klaniel S. Simpson M. D.

, 192 . (Address) 3328 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL Feb 6, 1925

20 UNDERTAKER M. J. Sadowski ADDRESS 705 S. Ann

Plant

Spec.—1-10-21—M&T—1500 Bks.

D 94880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 94880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 25-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Dutrow

(a) RESIDENCE NO. Curtis Bay St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Moses Dutrow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Municipal Hospital Records (Address)

15 Filed FEB 5 - 1925 HUBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-4 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-27, 1925 to 2-4, 1925 that I last saw him alive on 2-4, 1925 and that death occurred, on the date stated above, at 12:05 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Senile Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sat

(Signed) Claude C. Dixon, M. D.

2-5, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C. DATE OF BURIAL Feb 5th 1925

20 UNDERTAKER A. Jones ADDRESS 111 S Eden St

Spec.—1-10-21—M&T—1500 Blks.

D 94881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X45 D 94881

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Howard A. Kelly Hospital

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST., 14-7 WARD)

2-FULL NAME Wm McMurray.

(a) RESIDENCE NO. Laramie Wyoming ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edyth McMurray

6 DATE OF BIRTH (month, day, and year) Oct 15 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) 042

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington Co Unknown Kan

PARENTS

10 NAME OF FATHER James McMurray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Harriet Totten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant (Address) Arthur McMurray Indianapolis Ind.

15 FEB 5 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1924, to Feb. 3, 1925.

that I last saw him alive on Feb. 3, 1925.

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

(duration) 6 yrs. 7 mos 22 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Grant Ward M. D.

, 19 (Address) 1418 Eutaw, Bl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laramie Wyoming	Feby 5 1925
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. North ave.

Spec.—1-10-21—M&T—1500 Blks.

D 94882

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94882

CERTIFICATE OF DEATH.

V-1 129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S Regester ST., V WARD)

2-FULL NAME John Berentsen

(a) RESIDENCE NO. 215 S Regester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Berentsen

6 DATE OF BIRTH (month, day, and year) Feb. 16 - 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Light Hauling

(b) General nature of industry, business, or establishment in which employed (or employer) Keeper 0816

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Christian Berentsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Arthur Hirsch 215 S Regester

FILED Feb 5 - 1925 .19 Edna P. Garrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1924, to February 3rd, 1925, that I last saw h[illegible] alive on Feb 3rd, 1925, and that death occurred, on the date stated above, at 9:35 P m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis, Arteriosclerosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & post mortem

(Signed) Jos A Duffield M. D.

.19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lehnardt's Cem	Feb 6 1925.
20 UNDERTAKER	ADDRESS
Wendell Hyppert Inc	324 Lemmon

Spec.—1-10-21—M&T—1500 Bks.

D 94883

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94883

CERTIFICATE OF DEATH.

12-6 161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Belvedere St.) WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Fox Parks

(a) RESIDENCE NO. 1428 Belvedere St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3, 1925

7 AGE — Years — Months — Days — If LESS than 1 day 10 hrs. or ~~min.~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John W. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant (Address) JOHNS

15 1925 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 3d, 1925, to Feb 3d, 1925, that I last saw h alive on Feb 3d, 1925, and that death occurred, on the date stated above, at 3.00 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth-
& Physical Condition
& Prostrate

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Physical condition & Prostrate (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jos. Hall, M. D.

, 19 (Address) 1426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health, — ADDRESS FEB 5 19

Spec.—1-10-21 M&T 1500 Blks.

Sanders

D 94884 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94884

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 3 Gayetty & Payson ST. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Max Milton Sanders

(a) RESIDENCE NO. 133 Leeds Ave. ST., Leeds Raleigh, Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Elizabeth Sanders

6 DATE OF BIRTH (month, day, and year) Jan 30th 1893

7 AGE Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
32	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Metal Window

(b) General nature of industry, business, or establishment in which employed (or employer) Shade Make

(c) Name of employer Howard & Bartlett

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George Sanders

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Gerlach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Marie Elizabeth Sanders (Address) 1528 Clarkson St

15 Filed 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1925, to Feb 3rd, 1925, that I last saw him alive on Feb. 2nd, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Raleigh, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum culture

(Signed) H. M. Powell, M. D.

1925 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL 2/6/25

20 UNDERTAKER Geo. Weber & Son 2503 Edmondson Ave ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

D 94885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 94885

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Furley and Edward ave. ST., Rosebury WARD 90)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Defebert

(a) RESIDENCE NO. Furley and Edward ave. ST., Rosebury WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen J. Defebert

6 DATE OF BIRTH (month, day, and year) March 18th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Maryland

PARENTS

10 NAME OF FATHER John Defebert

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Rapp

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Germany

14 Informant Eva Rapp (Address) Furley & Edward Aves. Rosebury

Filed 5-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1925, to Feb 4th, 19 25, that I last saw h... alive on Feb 4th, 19 ., and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 2 mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Edward Benton, M. D.

(Address) Overlea Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb 7 1925
20 UNDERTAKER	ADDRESS
Fredk Lassahn & Sons	Fulbelton

Spec.—6-9-19—H. P. Co.—1000 Rks.

D 94886

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94886

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.) 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Marino

(a) RESIDENCE. No. 601 Walker ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 21-1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Charles Marino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Marino

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Chas Marino
(Address) 601 Walker ave

15 Filed [illegible] 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1925, to Feb 5, 1925, that I last saw him alive on Feb 5, 1925, and that death occurred, on the date stated above, at 6:15 a m.

The CAUSE OF DEATH* was as follows:

Diphtheria, laryngeal

(duration) yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Bella Gowan, M. D.

(Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb 6—1925

20 UNDERTAKER Chas F. Crane & Son ADDRESS 1814 Mt Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

D 94887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94887

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 North Road Walbrook. ST., 15-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie A. Mealy.

(a) RESIDENCE NO. 3709 North Road. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Mealy.

6 DATE OF BIRTH (month, day, and year) Mar. 12th 1852.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bermuda.

PARENTS

10 NAME OF FATHER Michael McCormick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Maurice C. Mealy.

(Address) 3709 North Road.

15 2-5-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from all- 1925 to Feby 3 1925.

that I last saw her alive on Feby 3 1925.

and that death occurred, on the date stated above, at a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy with left side Hemiplegia and complete paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Senile)

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole, M. D.

2/4, 1925 (Address) 711 Lennox

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Feb. 6 1925

20 UNDERTAKER Chas. F. Evans & Son

ADDRESS 118 W. Mt. Royal Ave

Cor.—1-12-23—M&T—100 Bks.

D 94888 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94888

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Edmondson Ave Bridge — REGISTERED NO. .....

CITY OF BALTIMORE: (No.) ..... ST., ... (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elozius Doster

(a) RESIDENCE No. 58 Vineyard Lane ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie R. Doster

6 DATE OF BIRTH (month, day, and year) June 25-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	7	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bridge Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Pa Ry.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

10 NAME OF FATHER Edward Doster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Mary E. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs. Martin
(Address) 8 Vineyard Lane

Filed 6-1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3rd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence obtained by said [illegible] find that said deceased came to [illegible] death on the day stated above.
(autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Fractured Skull

Instantly (duration) At once

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos B. Foster, M. D.
(Coroner.)

Feb 5, 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Feb 6 1926

20 UNDERTAKER	ADDRESS
A. S. Marshall	3539 Fall Rd

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94889 ✓ D 94889

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 231 90

City of BALTIMORE: (No. 4 Kaufman Court St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Richard Hefferan

(a) Residence No. 4 Kaufman's Court St., 23 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1870

7-AGE,	If LESS than 1 day,
55 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Wood & Coal Merch.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Joseph Hefferan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Bridget Burke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Bessie Rowland

(Address) 101 Patterson Ave

15- Filed 5-1925, 19: Robert F. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 3rd 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1925, to Feb. 3rd, 1925, that I last saw him alive on Feb. 3rd, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic aortic regurgitation of heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Harry H. Leibel, M. D.

2/3, 1925 (Address) 1224 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Cathedral Cem.	Feb. 7th, 1925
20-UNDERTAKER.	ADDRESS
Margaret E. Flynn	1422 Light St

Spec–12-23-21—E.B.R.S.—400 Bks.

94890

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94890

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital 14-31

City of BALTIMORE: (No. Bay View Asylum St.; ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Cook.

(a) Residence No. 2205 Druid Hill Ave Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, or Divorced (Write the Word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1891.

7-AGE. 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) 040

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Cook.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Hospital Records

(Address) Bay View Hospital

15-

Filed 1925 1924 Robert P. Haffron Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 5 1925

17- I HEREBY CERTIFY, That I attended deceased from April 16 1924 to Feb 5 1925.

That I last saw him alive on Feb 6 1925.

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Frost Bite Gangrene
of Both feet

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Tuberculosis (Duration) ..... yrs. 3 mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Hopkins Unknown

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Stat P Clampett, M. D.

Bay View Hospital
(Address)

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Auburn	Feb 7, 1925
20-UNDERTAKER, John H. Loader	ADDRESS 1027 Druid Hill

Spec—12-23-21—E.B.&S.—400 Bks.

D 94891

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Penitentiary Hospital Registered No.....

City of BALTIMORE: (No. 954 Forrest St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Page

(a) Residence No. Unknown St., Ward Richmond Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) May 28, 1884

7-AGE. 40 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Sewing machine operator
(b) General nature of industry, business, or establishment in which employed (or employer). Purnell Factory 086
(c) Name of employer. Stanford Overall Co.

9-BIRTHPLACE (city or town). (State or Country). Providence R.I.

PARENTS.

10-NAME OF FATHER. John Page

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Washington D.C.

12-MAIDEN NAME OF MOTHER. Nettie Hayden

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Unknown Va

14- (Informant). Penitentiary Records

(Address).....

15- Filed....., 192.... Registrar.

Robert P. Harrison,
Chief Forest Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 4 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1924 to Feb. 4, 1925

that I last saw him alive on Feb. 4, 1925

and that death occurred, on the date stated above, at 11:30A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) John M. Edmonds M. D.

, 19 (Address) 954 Forrest St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Richmond Va	Feb. 6, 1925
20-UNDERTAKER.	ADDRESS
John H. Soaden	Undertaker

Spec.—1-10-21—M&T—1500 Bks.

D 94892

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94892

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1626 N. Bond ST., 8-N WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward F. Barrett

(a) RESIDENCE NO. 1626 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Barrett

6 DATE OF BIRTH (month, day, and year) Mar 8, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept.

(c) Name of employer Balto. City.

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Jennessy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary A Barrett (Address) 1626 N Bond St.

15 Filed 5-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1925, to Feb 4, 1925, that I last saw him alive on Feb. 4, 1925, and that death occurred, on the date stated above, at 3.00 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Mitral)

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Lyman Talbot M. D.

(Address) 1852 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL 2/7 1925

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94893

1-PLACE OF DEATH

City of BALTIMORE: (No. 306 N. Pearl st St., 47-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Andrew Marsiglia

(a) Residence No. 306 N Pearl st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sate May Marsiglia.

6-DATE OF BIRTH (month, day and year) May-15 1843

7-AGE, 81 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Bunt.
(b) General nature of industry, business, or establishment in which employed (or employer). Weaver
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Salvatore Marsiglia

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy.

12-MAIDEN NAME OF MOTHER, Mary Marsiglia.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy.

14-
(Informant) Antonia Marsiglia.
(Address) 306 N. Pearl St

15-
Filed 1925 Robert P. Harrison Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 3/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1925 to Feb 3 1925 that I last saw h. alive on Feb 2 1925 and that death occurred, on the date stated above, at 4:45 m.

The CAUSE OF DEATH* was as follows:

pyemia (from gangrene)

(Duration) yrs. 21 mos. ds.

CONTRIBUTORY (Secondary) apoplexy

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles Seyka M. D.

Feb 5. 1925 (Address) 510 Park Av.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Bethel Cem. — DATE OF BURIAL. 2/6, 1925

20-UNDERTAKER. Geo. J. Reed — ADDRESS 1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94894 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94894

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1025 Union ave St., 13-3 Ward) Registered No. 129

2-FULL NAME Wm F Streeks

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1025 Union ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed~~ or ~~Divorced~~, (Write the word.) yes

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Mary C Streeks

6-DATE OF BIRTH (month, day and year) Dec 6 1847

7-AGE. 77 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill Hand
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-Informant Mary C Streeks

(Address) 1025 Union Ave

15-Filed 5-1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 5 1925

17-I HEREBY CERTIFY, That I attended deceased from Jan 1 19 25 to Feb 5 19 25
that I last saw him alive on Feb 5 19 25
and that death occurred, on the date stated above, at 3 10 A. m.
The CAUSE OF DEATH* was as follows:

Pulmonary oedema
Hypostatic congestion.
Myocarditis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chron. Sub Inf. Myocarditis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Organisms present

(Signed) Evan J Kelley M. D.
J 1925 (Address) 4 Somerset Road

*State the **Disease Causing Death**, or In deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Feb 7 1925

20-UNDERTAKER Cheniowith & Son — ADDRESS 3617 Chestnut Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94895

HEALTH DEPARTMENT—CITY OF BALTIMORE

1000 D 94895

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 Hollins ST. 70-4 WARD) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Emma Jones

(a) RESIDENCE. No. 2537 Hollins ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Apr. 15-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER H. Owen Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Marie Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant H. Owen Jones
(Address) 2537 Hollins St

15 Filed - 1925, 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to Feb 3 —, 1925

that I last saw her alive on Feb. 4, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E. H. Heuisler, M. D.

2/4/1925 (Address) 2000 N. Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb. 6 1925
20 UNDERTAKER	ADDRESS
George L. Howard	2101 Eutaw Pl.

Cor.—1-12-23—M&T—100 Blks.

D 94896

HEALTH DEPARTMENT—CITY OF BALTIMORE

162 D 94896

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Smatona

(a) RESIDENCE NO. 32 S. Hare St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 1-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Frank Smatona

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Junghanel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Anna Smotona

(Address) 32 S. Hare St

15 Filed FEB 6 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Disease of New Born

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Patten, M. D.

(Coroner.)

2-5-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer - Feb 6	25 192
20 UNDERTAKER F. Roland Stewart	ADDRESS 126 Eugene

Spec- 12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94897

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary — Dec 11 - 1924 — D 94897 Registered No.

City of BALTIMORE: (No. Broadway & Fairmount St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mamie Robinson Single

(a) Residence No. 1304 Linden Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Robinson

6-DATE OF BIRTH (month, day and year) 1850

7-AGE. 74 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Alabama

PARENTS.

10-NAME OF FATHER Dr Hugh W Henry

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Alabama

12-MAIDEN NAME OF MOTHER, Martha Falconer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), South Carolina

11- (Informant) John L. Knopf

(Address) 1304 Linden Ave

FEB 6 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 4th 1925

17- I HEREBY CERTIFY, That I attended deceased from January 6 1925 to February 4 1925

That I last saw h.. alive on February 4 1925

and that death occurred, on the date stated above, at 5-15 A.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

?

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) John E Monument M. D

, 19 (Address) Church Home and Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem	Feb 6 1925
20-UNDERTAKER.	ADDRESS.
Henry W Jenkins Sons Co	McCulloh & Orchard Sts.

Spec.—1-10-21—M&T—1500 Bks.

D 94898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13-4 101-001

REGISTERED No. D 94898

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. 36 ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley E Stafford

(a) RESIDENCE No. 610 W 36 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 31 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Claude M Stafford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Choptank Md

12 MAIDEN NAME OF MOTHER Estelle L McFadden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mrs Claude M Stafford

(Address) 610 W 36 St

FEB 6 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 '25, 19..., to Feb 4 '25, 19..., that I last saw h[illegible] alive on Feb 4 '25 19..., and that death occurred, on the date stated above, at 12 45 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H B Hobbs M.D.

19 (Address) 1203 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Feb 6 1925

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94899

CERTIFICATE OF DEATH.

15 317

D 94899

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Singer

(a) RESIDENCE NO. 3814 Park Heights ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Singer

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Singer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1709 Eutaw St

15 Filed FEB 6 - 1925 ROBERT A. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925, to Feb. 5, 1925, that I last saw him alive on Feb. 5, 1925, and that death occurred, on the date stated above, at 9:40 A m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) — yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

Ruptured Appendix (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of 2-3-25.

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Joshua Yaseuh, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rest. Southern Ave	Feb 19

20 UNDERTAKER Jack Lewis ADDRESS 1709 Eutaw St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 94900

CERTIFICATE OF DEATH.

41

REGISTERED NO. B 94900

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 1328 Druid Hill St.: 17-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clorisa Coleman

(a) RESIDENCE. NO. 1328 Druid Hill ave. ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Coleman

6 DATE OF BIRTH (month, day, and year): Jan. 1856

7 AGE: Years 69 Months 1 Days = If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General natore of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Seed

9 BIRTHPLACE (city or town) (State or country): Bloxton Stone Va

PARENTS

10 NAME OF FATHER: William Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bloxton Stone Va.

12 MAIDEN NAME OF MOTHER: Sarah White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bloxton Stone Va

14 Informant (Address): Fred Coleman 1328 Druid Hill ave

15 Filed FEB 6 - 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 19 25 to Feb. 2, 19 25 that I last saw h. alive on Feb 1, 19 25 and that death occurred, on the date stated above, at 11.25 P. m.

THE CAUSE OF DEATH* was as follows:

Influenza following Senile Pneumonia

Contributory (duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Age.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Jan 3. 25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) W. W. Hughes, M. D.

, 19 (Address) 1209 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 2/6/25

20 UNDERTAKER: Lawrence T. Hemsley ADDRESS: W. Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94901

CERTIFICATE OF DEATH.

44 D 94901

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1215 N Caroline St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Wilhelmina Werner

(a) Residence No. 1215 N Caroline St., ... Ward .....

(Usual place of abode.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND or (or) WIFE of Otto H Werner

6-DATE OF BIRTH (month, day and year) Jan 24th 1848

7-AGE. 77 yrs. mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ditrich Stalfort

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Lucille Harting

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) William F Werner

(Address) 1215 N Caroline st

FEB 6 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 4th 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 30, 1924 to Feb 4, 1925,

that I last saw her alive on Feb 4 1925,

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo C Young M. D.

Feb 7, 1925 (Address) 1102 Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL, Feby 7th 1925

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument st

Spec—12-23-21—E.B.R.S.—400 Bks.

94902

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 94902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 936 Lemmon St., 18-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland Brown.

(a) Residence No. 936 Lemmon St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white.	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jan. 26th 1925

6-DATE OF BIRTH (month, day and year)

7-AGE. ....yrs. ....mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frederick Brown.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Emma Steicel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-(Informant) Mrs. Fred. Brown

(Address) 936 Lemmon St.

15-

FEB 6-1925 ROBERT R. KNOTT, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 3 1925 to Feb. 5 1925

that I last saw him alive on Feb. 4 1925

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia
(Primary)

(Duration) 2 yrs. 2 mos. 3 ds

CONTRIBUTORY (Secondary) None

(Duration) 2 yrs. 2 mos. 2 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Chas. Lenhart M. D.

2/6/25 (Address) 5887 Fonda Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Bethel Cem	Feb 6 1925
20-UNDERTAKER. Geo. E. Brown & Son	ADDRESS 901 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

D 94903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 1-2

D 94903 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Wolbrook

(a) RESIDENCE No. 519 S. Belnord ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber 904

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Wolbrook

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Hospital Records
(Address) M.T.H.

15 Date FEB 6 - 1925 By ROBERT B. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1923, to Feb. 5, 1925, that I last saw him alive on Feb. 5, 1925, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) J. D. White, M. D.

2-5-25 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL Feb 7 1925

20 UNDERTAKER Peter Nucleus 2060 — ADDRESS Eastern Ave

(1) DATE OF DEATH (2) CERTIFICATE OF DEATH

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 94904

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1515 N Eden St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph V. Shamnessy

(a) Residence No. 1515 N Eden St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 27

7-AGE. 51 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. City Highways

(b) General nature of industry, business, or establishment in which employed (or employer) City Commission

(c) Name of employer. do

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. John Shamnessy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER. Ann McNeir

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant). Mrs John McMahon

(Address). 1515 N. Eden St.

15- EB 6 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 3 1925 to Feb 5 1925

that I last saw h. alive on Feb 4 1925

and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscope

(Signed) J. W. Downes M. D.

Feb 6 25 (Address) 1228 W Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL, Feby 7th, 1925

20-UNDERTAKER. Geo M. Trail & Son ADDRESS 811 N Mo Ave

Spec.—1-10-21—M&T—1500 Blks.

D 94905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 208 94905

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W. 29th. ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Pyle

(a) RESIDENCE NO. 101 W. 29th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Polk Pyle

6 DATE OF BIRTH (month, day, and year) Jany 14/56

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candey 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Ebenezer Pyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. McBee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary J. Pyle

(Address) 101 W. 29th St

B 6- 1925 FEB 6- 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1924, to Feb. 4, 1925, that I last saw him alive on Feb 4, 1925, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

("Grippe", bronchitis, Cardiac weakness, & Senile Gradual Remarks")

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Watson, M. D.

Feb 5, 1925 (Address) 12 E St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Feb 6 1925

20 UNDERTAKER: John Ostitchel ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

D 94906 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94906

45

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W 29th " ST., 17-3 WARD)

2-FULL NAME Sarah E. Polk

(a) RESIDENCE NO. 101 W. 29th ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore A. Polk

6 DATE OF BIRTH (month, day, and year) Dec 3 - 1845

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (old)

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Jacob Fawcett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Eliz. Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Mrs Mary T Pyle

(Address) 101 W. 29th St

15 Filed B 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1924, to Feb 6, 1925.

that I last saw her alive on Feb 5, 1925,

and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Cancer of rectum & colon

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Wm J Watson M. D.

Feb 6. 1925 (Address) 222 E Paul St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Georgetown Del	Feby 8 1925

20 UNDERTAKER John O. Mitchell ADDRESS 120 W Fayette

Spec—12-23-21—E.B.R.S.—400 Eks.

94907 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94907

CERTIFICATE OF DEATH.

1-PLACE OF DEATH FRANKLIN SQUARE HOSPITAL Registered No. 19-165

City of BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Cohen

(a) Residence No. 527 N. Gilmor St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) ~~Single~~ Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year)

7-AGE, 44 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joel Yaffe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Hannah Morris

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Joe Cohen

(Address) 527 N Gilmor st

15- (Filed) FEB 6 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-5-25

I HEREBY CERTIFY, That I attended deceased from 2-2-1925, to 2-5-1925,

that I last saw her alive on 2-5-1925,

and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Mercury Bichloride Poisoning

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) acute nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laundry

(Signed) H. J. Penn M. D.

2/6/, 1925 (Address) FRANKLIN SQUARE HOSPITAL

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern DATE OF BURIAL, 2/6 1925

20-UNDERTAKER. J. Lennon & Bro ADDRESS 1127 E Balto st

Spec.—1-10-21—M&T—1500 Bks.

D 94908

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94908

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 N. Caroline ST., 6-1 31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Jones

(a) RESIDENCE NO. 45 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver of wagon 923

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber firm

(c) Name of employer Atlantic Mills

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mattie Battin

(Address) 45 N Caroline St.

Filed FEB 6 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 / 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 20 , 1925 , to Feb 5 / , 1925.

that I last saw h alive on Feb 4 / , 1925,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia acute

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Richard L Eslinger, M. D.

, 19 (Address) 514 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemty

DATE OF BURIAL 2/7/25 1925

20 UNDERTAKER Byron Wright

ADDRESS 1218 McCelday

Spec.—1-10-21—M&T—1500 Blks.

D 94909 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94909

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Etting ST., 14-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Tate

(a) RESIDENCE No. 2322 Etting ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Tate

6 DATE OF BIRTH (month, day, and year) July 15 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	72	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress Ord

(b) General nature of Industry, business, or establishment in which employed (or employer) Laundress at home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Westmoreland C. Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Myra Tate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant James Tate
(Address) 2322 Etting St

15 Filed EB 6 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3d 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1925, to May 3d, 1925, that I last saw her alive on May 3d, 1925, and that death occurred, on the date stated above, at 9.05 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy (duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward E. McCleaney M. D.

May 5, 1925 (Address) 1339 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Feb 6 1925

20 UNDERTAKER Mrs. Jas. H. Dennis — ADDRESS 1303 Presstman St

Rel. J. E. Nelson

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 34910

HEALTH DEPARTMENT—CITY OF BALTIMORE

S 94910

CERTIFICATE OF DEATH.

-161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Georgetown Rd. ST.: 75-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Perry

(a) RESIDENCE. NO. Georgetown Rd near Linwood WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of no

6 DATE OF BIRTH (month, day, and year) Feb. 5, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 24 hrs. or 30 min.
	no	no	no	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer) no

(c) Name of employer no

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Albert Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Doris Nonatel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Albert Perry (Address) Georgetown Rd.

15 Filed FEB 6 - 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1925, to Feb. 6, 1925, that I last saw her alive on Feb. 5, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What at confirmed diagnosis? Clinical Findings

(Signed) John A. Buchmann, M. D.

, 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Feb. 6 1925

20 UNDERTAKER	ADDRESS
Knell & Son	1729 W Balto St

Spec.—1-10-21—M&T—1500 Blks.

"Sick Heil"

D 94911

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94911

CERTIFICATE OF DEATH

4216 Massachusetts Ave 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John L. Klender (St.) 2nd (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 4216 Massachusetts Ave

(a) RESIDENCE NO. (Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 41 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 8 1883.

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
41	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Klender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jno. Klender

(Address) 417 Hyde Av

15 Filed FEB 6 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1925, to Feb 5, 1925, that I last saw h— alive on Feb 4, 1925, and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 13 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Marshall B West, M. D.

, 19 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 1st 1925

20 UNDERTAKER: H B Hupfeld — ADDRESS: 850 N Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

94912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002

D 94912

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1418 Clarkson St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Chas E. Abbott

(a) Residence No. 1418 Clarkson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 4, 1899

7-AGE, 25 yrs. 3 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Pipefitter

(b) General nature of industry, business, or establishment in which employed (or employer). 059

(c) Name of employer. U.S. Ind. Alcohol Co.

9-BIRTHPLACE (city or town) (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Jno E. Abbott

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER. Florence Wheeler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md.

14-

(Informant). Jno E. Abbott

(Address). 1418 Clarkson St

15-

FEB 6 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 5. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 21, 1925, to Feb 5, 1925,

that I last saw h. alive on Feb 5, 1925

and that death occurred, on the date stated above, at 6.45 P.M. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. 15 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Sidney F. Straith M. D.

2 6, 1925 (Address) 405 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cem DATE OF BURIAL, Feb 9th 1925

20-UNDERTAKER. Margaret E. Flynn ADDRESS 1422 Light St

Spec.—6-9-19—H. P. Co.—1000 Bks.

94913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 94913

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3644 Beechaven ST.; 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel E. Vanpatten

(a) RESIDENCE. No. 3644 Beechaven ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? 0 yrs. 10 mos. 28 ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md.

PARENTS

10 NAME OF FATHER John VanPatten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oneida N.Y.

12 MAIDEN NAME OF MOTHER Ruth L. Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Albion N.Y.

14 Informant Ruth L. VanPatten (Mother)
(Address) 3644 Beechaven

15 Filed ..... 19.....

FEB 6 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4th. 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 1925, to Feb 4 1925,
that I last saw him alive on Feb. 1925
and that death occurred, on the date stated above, at 2.35 P. m.
The CAUSE OF DEATH* was as follows:
Broncial Pneumonia

3 days
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Jan 30. 1925

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) W. H. Kelly M. D.

19 (Address) 3101 Oakfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Cem. Hyattsville	2/7. 1925
20 UNDERTAKER J. Walter Davis	ADDRESS 3307 Paine St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94914

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94914

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

Registered No.

City of BALTIMORE: (No. Bay View Asylum St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Broker

(a) Residence No. 503 W Lombard St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced (Write the word.)
male	white	widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1859.

7-AGE. 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O&S

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Albert Broker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) Bay View Hospital

15-

FEB 6 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 7-1925

I HEREBY CERTIFY, That I attended deceased from Jan 24 25 to Feb 7 1925

that I last saw him alive on Feb 7, 1925

and that death occurred, on the date stated above, at 6 30 M.

The CAUSE OF DEATH* was as follows:

Cancer of Throat, probable origin in left Tonsil

(Duration) yrs. 8. mos.

CONTRIBUTORY (Secondary) Terminal Bronchial Pneumonia (Duration) yrs. mos. 2

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes, Date of Jan 28, 25

Was there an autopsy? No

What test confirmed diagnosis? Chemical & Lab. Test

(Signed) Dr. P. Chaupe Jr. M. D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park	Feb 6 1925
20-UNDERTAKER.	ADDRESS
Bernard Finch	1017 Valley St

Spec—12-23-21—E.B.R.S.—400 Blks.

LEWIS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94915

101-801

D 94915

1-PLACE OF DEATH

City of BALTIMORE: (No. 237 Myrtle Ave St., W-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Herbert Lewis

(a) Residence No. 237 Myrtle Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Mar, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1895

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). 0

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Harford Co.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant). Jas Lee

(Address). 237 Myrtle

15- Filed FEB 6 - 1925 ROBERT R. KRAUER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 31/25

17- I HEREBY CERTIFY, That I attended deceased from June 19 15, to Jan 31, 19 25,

that I last saw h.. alive on Jan 31, 19 25,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulm. Edema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

Feb 4, 19 25 (Address) 1390 Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	2/6/25 19

20-UNDERTAKER, R L Gross ADDRESS 1405 McElderry St

Cor.—1-12-23—M&T—100 Bks.

D 94916

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 94916

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Meekins

(a) RESIDENCE NO. 1302 N. Spring St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Fulton Laundry

9 BIRTHPLACE (city or town) (State or country) Chase Md

PARENTS

10 NAME OF FATHER John Meekins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chase Md

12 MAIDEN NAME OF MOTHER Annie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chase Md

14 Informant R. C. Gross
(Address) 1405 McElderry

15 FEB 6 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Dilatation- due Probable Pneumonia

(Rt chest quanity of pus)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S Pole M. D.
(Coroner.)

2-5-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL CREMATION OR REMOVAL Chase Md — DATE OF BURIAL 2/7/25 192

20 UNDERTAKER R C Gross — ADDRESS 1405 McElderry

Spec—12-23-21—E.B.P.S.—400 Bks.

D 94917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 94917

1-PLACE OF DEATH

City of BALTIMORE: (No. 1228 E. Monument St., 10-2 Ward) Registered No.

2-FULL NAME Helena B. Wittmer

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1228 E. Monument St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Fe	W	Widow

5a-If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Philip Wittmer

6-DATE OF BIRTH (month, day and year) Dec 1-1853

7-AGE	If LESS than 1 day
71 yrs. 1 mos. 7 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS

10-NAME OF FATHER, Geo Huebner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Geo Wittmer

(Address) 1003 E. Monument St.

15-

Filed FEB 6 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-4-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925 to Feby 3, 1925

that I last saw h alive on Feby 3, 1925

and that death occurred, on the date stated above, at 7 9, m.

The CAUSE OF DEATH* was as follows:

Acute Lobular Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) G. G. Hamblen M. D.

2/4, 1925 (Address) 733 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Baltimore Cem	Feb 7, 1925

20-UNDERTAKER, Albert Ford & Son ADDRESS E. Monument

Spec—12-23-21—E.B.R.S.—400 Blks.

94918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94918

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 206 St. Fremont Ave - 9 Ward)

2-FULL NAME William E. Hawkins

(a) Residence No. 206 St. Fremont St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6-DATE OF BIRTH (month, day and year) Nov 9- [illegible]

7-AGE, 48 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Handy Man

(b) General nature of industry, business, or establishment in which employed (or employer) Stellman & Co

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Wash. D. C.

PARENTS.

10-NAME OF FATHER, William B. Hawkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Alice Bambrey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-

(Informant) Alice Hawkins

(Address) 206 St. Fremont

FEB 6 - 1925

Filed ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from Feby 1st 1925, to Feby 5th 1925, that I last saw h. alive on Feby 4th 1925, and that death occurred, on the date stated above, at 1245 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum - H. Dept.

(Signed) Robt J Murray, M. D.

2-5, 1925. (Address) 5107 N Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb. 7 1925
20-UNDERTAKER, Wm Cook.	ADDRESS 502 E North

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-161-D 94919

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Raynor Ave ST. 16-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rat named Infant Flint

(a) RESIDENCE. No. 2816 Raynor Ave ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — dys. How long in U. S., if of foreign birth? — yrs. — mos. — dys. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 5 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or 30 min.
—	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Henry V. W. Flint

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Lillian M. Kellenberger

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Henry V. W. Flint
(Address) 2816 Raynor Ave

Filed FEB 6 - 1925 ROBERT A. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5 . 1925 . to Feb. 5 . 1925 . that I last saw h in alive on Feb. 5 . 1925 . and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth, 7th month
Gestation

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Atelectasis

(duration) — yrs. 6 hours mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Obstetric signs

(Signed) Tom Grant M. D.

2/5. 1925 (Address) 3043 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Feb. 6	1925 19
20 UNDERTAKER	ADDRESS
H. M. Cole	302 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94920 +100-001 D 94920

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hosp. 1-P

CITY OF BALTIMORE: (No. Madison & Linden Ave. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Reynolds

(a) RESIDENCE NO. 805 Hamilton Terrace ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 8, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student of Oral Dentistry

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) New Haven, (State or country) Conn.

PARENTS

10 NAME OF FATHER Robert E. Reynolds

11 BIRTHPLACE OF FATHER (city or town) New Haven (State or country) Conn.

12 MAIDEN NAME OF MOTHER Adeline McLane

13 BIRTHPLACE OF MOTHER (city or town) Providence, R.I. (State or country) .....

14 Informant Robert Reynolds (Address) New Haven Conn

15 Filed FEB 6 - 1923, 19 ..... ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr. 6 1922

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1922, to Febr. 6, 1922; that I last saw him alive on Febr. 6, 1922 and that death occurred, on the date stated above, at 4:20 Am.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (primary)

..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Endocarditis Pulmonary oedema

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Tompkins, M. D.

, 19 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Haven Conn	Feb 6 1922
UNDERTAKER	ADDRESS
Harry H. Witzke	530 W. Lombard

NOTE—Is very important. See instructions on back of certificates. Exact statement of OCCUPA-

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9492I

CERTIFICATE OF DEATH.

4-1 191 D 9492I

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Bayview Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Saml Ellison

(Residence in Baltimore: No. 206 Myrtle ave St.) (yrs. 7) mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, unknown 1850
(Month) (Day) (Year)

7-AGE, 75 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bay Boro N.C.

PARENTS.

10-NAME OF FATHER, Noah Ellison

11-BIRTHPLACE OF FATHER, (State or Country), N C

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Ellison

(Address) 206 Myrtle ave

15- Filed FEB 6 - 1925 192.. ROBERT R. KRAUTER Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy ~~or inquiry~~)
thereon and from the evidence obtained by said.....
(Inquest, autopsy ~~or inquiry~~) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

I
Termed Pneumonia Fellony ulcers
Duce Sept 17 1924
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Shotty Rythm Hemorrhoids
mouth in chest & abdomen
(Duration) ...yrs. ...mos. ...ds.

(Signed) J K Greenlee M. D.
(Coroner.)

2-5 1925 (Address) 117 W Lanvale St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Bayboro N C	2/6/1925

20-UNDERTAKER, Mrs Jno H Hoop ADDRESS 406 Conway st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94922

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3031 Gough St., 76-6 Ward) Registered No. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louie Warmuth

(a) Residence No. 3031 Gough St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Michael Warmuth

6-DATE OF BIRTH (month, day and year) May 4 1846

7-AGE, 78 yrs. 8 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer). Ds

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Rohleder

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dora Lucas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mrs Aug Goebel

(Address) 3031 Gough St.

FEB 6 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 6th 1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 28th, 1925, to Feby 6th, 1925, that I last saw her alive on Feby 5th, 1925, and that death occurred, on the date stated above, at 5-15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isabel V. Otken, M. D.

Feby 6, 1925 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Schwartz Cem — DATE OF BURIAL, 2/9/25

20-UNDERTAKER John Meeres — ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94923

CERTIFICATE OF DEATH.

74-001

74 D 94923

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Municipal Hospital ST., 26-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Brehm

(a) RESIDENCE No. 408 Fourth St., Highlandtown WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Brehm

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER John Brehm

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Balto

12 MAIDEN NAME OF MOTHER Hannah Rausch

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Municipal Hospital Records (Address)

FEB 6 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5-1925

17

I HEREBY CERTIFY, That I attended deceased from 2-5, 1925, to 2-5, 1925,

that I last saw him alive on 2-5, 1925

and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 hrs.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Claude G. Grace, M. D.

2-6, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Feb 8 1925

20 UNDERTAKER John Ellis

ADDRESS 2008 Aliceanna

NOTE—It is very important. See instructions on back of certificates. Exact statement of occupation, cause of death, etc., is required.

D 94924

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94924

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 16-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Holton

(Residence in Baltimore: No. Uppersfalls Md' 609 S. 15th St. Balto. Md St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Aug (Month) 10 (Day) 1865 (Year)

7-AGE: 59 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Worker

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Holton

(Address) 609 S. 15th st.

15-

Filed 6-1925 Robert P. Harrison Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 5 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic arthritis with adhesions Paralysis of bowels

(Duration) about 8 mos.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H H Townsend M. D.
(Coroner)

2-6-, 1925 (Address) 1737 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Schwartza — DATE OF BURIAL: 2/7 1925

20-UNDERTAKER: Finkelor & Finkelor — ADDRESS 1739 Eager

Burial Permit Clark.

Spec.—1-10-21—M&T—1500 Bks.

D 94925

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94925

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen Hospital WARD) 21-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gronau

(a) RESIDENCE No. 105 Park ave Belair Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine M. F.

6 DATE OF BIRTH (month, day, and year) Nov. 11 - 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	43	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cloth Examiner

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cleveland O.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Katharine M. F. Gronau.

(Address) 105 Park ave. Raspeburg

15 Filed 6 - 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1925, to Feb 5, 1925; that I last saw him alive on Feb 5, 1925; and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

Tarmination yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? None

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jas. Hubert Wilkins, M. D.

, 19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	2/9 19 25
20 UNDERTAKER Burkhardt & Birkhardt	ADDRESS 1739 Eager

Instructions on back of certificates.

Spec— 12-23-21—E.B.R.S.—400 Bks.

D 94926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94926

1-PLACE OF DEATH

City of BALTIMORE: (No.) St Joseph's Hosp (St.) 25-1 (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Haupt

(a) Residence No. Althea Ave. (St.) Gardenville (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 11 mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Haupt,

6-DATE OF BIRTH (month, day and year) March 6.1865

7-AGE. 59 yrs. 11 mos. -- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Meat Inspector

(b) General nature of industry, business, or establishment in which employed (or employer). U.S.Govt. 086

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. John Haupt,

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Gertrude Hofer,

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mrs.Grace Haupt

(Address) Althea Ave.Gardenville

15- Filed Robert P. Harrison, Registrar.

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 6-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1925 to Feb 6 1925

that I last saw h. alive on Feb 6 1925

and that death occurred, on the date stated above, at 9 20 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Duration) yrs. mos. 1 hr ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) yrs. mos. 3 1/2 wks

18-Where was disease contracted if not at place of death? Althea Ave Hamilton

Did an operation precede death? yes Date of 1/20/25

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence Operation

(Signed) Geo B. Dyberd M. D

, 19 (Address) St Jos. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL FEB 9 1925 19

20-UNDERTAKER. Robert S. Little ADDRESS 2700 EDMONDSON AVE.

(Gutowski)

D 94927

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94927

CERTIFICATE OF DEATH.

2-2 1925

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ally Gutowski

(Residence in Baltimore: No. 530 S. Ann St. St.; 45 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, ~~Married~~, ~~Widowed~~, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Jan. (Month) ..... (Day) ..... 1879 (Year)

7-AGE: 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Jan Gutowski

11-BIRTHPLACE OF FATHER, (State or Country): Poland.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER, (State or Country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michalina Gutowski

(Address) 530 S. Ann St

15- Filed ..... 192.....

Robert F. Harrison, Registrar.

Burial Permit Given

1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

a few hrs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fell dirt & from hatchway on Steamship Montoscepa

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. K. Jones (Coroner) M. D.

2-5 1925 (Address) 117 W. Lanvale St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	Feb 7 1925
20-UNDERTAKER.	ADDRESS.
F. W. Ozazewski	1930 Eastern

Cor.—1-12-23—M&T—100 Bks.

D 94928

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94928

CERTIFICATE OF DEATH.

181-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Bank ST., 3-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fiscor Shuman

(a) RESIDENCE NO. 1516 Bank ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fmale	Wht	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Mary Asz (Address) 1515 Bank St

15 FEB 6 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by Illuminating Gas Accident

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidently Turned on Key will Gromy Found Dead

(duration) yrs. mos. ds.

(Signed) James M Fenlon, M. D. (Coroner)

Feb 5th, 1925 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 9 1925
20 UNDERTAKER F M Bazowski	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

94929

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94929

CERTIFICATE OF DEATH.

15-1265-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 N. Fulton Ave ST., 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delores P. Pickels.

(a) RESIDENCE No. 1420 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 25, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	8	11	

8 OCCUPATION OF DECEASED ✓

(a) Trade, profession or particular kind of work ...

(b) General nature of Industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edward N. Pickels

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlestown S. C.

12 MAIDEN NAME OF MOTHER Annie Hemme

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlestown S. C.

14 Informant Edw. N. Pickels (Address) 1420 N. Fulton ave

15 Filed Feb 6 1925 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 27 1925 to Feby 5th 1925, that I last saw her alive on Feby 5th 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

1 Hodgkins Disease

Probably (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Wm Osler Lockard, M. D.

Feb 6, 1925 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Feb 7 1925

20 UNDERTAKER Mr & Mrs. John M. Teufel & Son

ADDRESS 801 W Fayette

On back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94930

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94930

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E. Madison ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard J. Lee

(a) RESIDENCE NO. 400 E Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah V Lee

6 DATE OF BIRTH (month, day, and year) Feb 26, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Warden

(b) General nature of industry, business, or establishment in which employed (or employer) City Jail

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cath Carrigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Sarah V. Lee

(Address) 400 E. Madison St.

Filed FEB 6 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 6, 1924, to Feby 4, 1925.

that I last saw him alive on Feby 4, 1925.

and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 10 Days ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) H. J. Bruns, M. D.

, 19 (Address) 921 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 7 1925
20 UNDERTAKER	ADDRESS
H. C. Wedefeld	914 Greenmount Av

back of certificates. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

D 94931

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94931

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 W Lanvale ST., 16-7 WARD)

2-FULL NAME James Edwin McClellan

(a) RESIDENCE NO. 1009 W Lanvale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Celeste V. McClellan

6 DATE OF BIRTH (month, day, and year) Sept 9 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 034

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James McClellan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Carolyn Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Celeste V. McClellan
(Address) 1009 W Lanvale

15 Filed ..... 19 ..... Robert P. Harrison, Registrar
Burial Permit Clerk

5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 20th 1924 to Feby 5th 1925.

that I last saw him alive on Feby 4th 1925.

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Mg of Cardiac

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Frederick D. Owen M. D.

(Address) 702 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb 7 1925
20 UNDERTAKER	ADDRESS
Wm J Redmond & Sons	Montana

Spec—12-23-21—E.B.R.S.—400 Eks.

94932

HEALTH DEPARTMENT—CITY OF BALTIMORE

94932

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., Ward) 27-3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Richard Jones. Bower

(a) Residence No. 20 W. Woodland Ave. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar. 27, 1923

7-AGE. 1 yrs. 10 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), City

PARENTS.

10-NAME OF FATHER, Chas S Jones.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Louise Bower

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mr Charles R. Jones

(Address) 20 W. Woodland Ave

15- Filed 6-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-6-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925 to Feb 6, 1925

that I last saw h[illegible] alive on Feb 6, 1925

and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Cerebro Spinal Meninges

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lumbar puncture

(Signed) M. D. Walsh M. D.

Feb. 6. 1925 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. DATE OF BURIAL, Feb 7 1925

20-UNDERTAKER, Wm Fickus Son ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Blks.

D 94933

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94933

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 W. Lanvale ST., 16-5-129 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Howard Wilburn

(a) RESIDENCE NO. 1916 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie L. Wilburn

6 DATE OF BIRTH (month, day, and year) Jan. 16, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Commonwealth Casualty Sales Co.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wilburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rebecca Straley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs L. L. Wilburn

(Address) 1916 W. Lanvale St.

15 Filed 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1924 to Feb 5, 1925.

that I last saw h[illegible] alive on Feb 5, 1925.

and that death occurred, on the date stated above, at 10.55 P m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis

(Duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Homer L. Pool, M. D.

2/6, 1925 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Feb 7 1925
20 UNDERTAKER Wm Tickner & Sons	ADDRESS North Ave

How is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94934

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94934

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1840 Westphal Place St., 24-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mannie Isenkel

(a) Residence No. 1840 Westphal Place St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John H Isenkel

6-DATE OF BIRTH (month, day and year) Sept 2-1884

7-AGE. 40 yrs. 5 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Peter Schramm

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Louise Schramm

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) John H. Isenkel

(Address) 1840 Westphal Place

15- Filed Robert P. Harrison, Registrar.

6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 6/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 19 25 to Feb 6 19 25

that I last saw h alive on Feb 6 19 25

and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indigestion (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. P. Campbell M. D.

Feb 6 19 25 (Address) 644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill

DATE OF BURIAL. 2/9 19 25

20-UNDERTAKER. William Cook

ADDRESS 502 E Saratoga

Instructions on back of certificates.

D 94935

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94935

CERTIFICATE OF DEATH.

478

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Md. Gen. Hosp. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Jeffers.

(Residence in Baltimore: No. 517 E. Fr. Sparrows Point St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH, about 1877
(Month) (Day) (Year)

7-AGE. 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer 3d
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Dept."

9-BIRTHPLACE, (State or Country): Canada.

PARENTS.

10-NAME OF FATHER: Leo Jeffes

11-BIRTHPLACE OF FATHER, (State or Country): Canada

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Canada.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Jeffes

(Address) 517 E. St. Sparrows Point

15- 6- 1925 Robert F. Harrison, 192 Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

First, second, & third degree burns of body, accidental.

(Duration) yrs. mos. 1 hr. ds.

CONTRIBUTORY (Secondary) (Partially covered with tarpaulin.)

(Duration) yrs. mos. ds.

(Signed) D. J. Hennessy, M. D. (Coroner)

Feb. 6, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Sparrows Pt. Md.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem	2/7/25 19

20-UNDERTAKER. J. J. Fahey & Sons

ADDRESS 1348 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94936 HEALTH DEPARTMENT—CITY OF BALTIMORE D 94936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 760 St Peters St., 21-3 Ward) Registered No.

2-FULL NAME Benjiman Franklin Elliott (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 760 St Peters St., Ward Broome Island Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred C yrs. C mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Elliott

6-DATE OF BIRTH (month, day and year) Jan 22

7-AGE Last ..60.. yrs. .C. mos. .~. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) St Marys Co Md

PARENTS.

10-NAME OF FATHER, John Elliott

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Dorchester Co. Md

12-MAIDEN NAME OF MOTHER, Mary Jenkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) St Marys Co Md

14-(Informant) Annie Elliott
(Address) Broomes Island Calvert Co

15-Filed 6-1925 Robert P. Harrison, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 6 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 20 19 25 to Feb. 6 19 25
that I last saw ~~him~~ alive on Feb. 5 19 25
and that death occurred, on the date stated above, at 3 30 A. m.
The CAUSE OF DEATH* was as follows:

Acute Cold

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) T. M. Lumpkin M. D.

Feb 6 1925 (Address) 826 N. Carrollton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Broomes Island Calvert Co — DATE OF BURIAL Feb 9 1925

20-UNDERTAKER, Jos Joerdens Son — ADDRESS 217 S. Paca

Spec—12-23-21—E.B.R.S.—400 Bks.

D 34937

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 34937

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH — Registered No. 21-3

City of BALTIMORE. (No. 630 Scott St., 21 Ward)

2-FULL NAME. James Edward Hurlock (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 630 Scott St., 21 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Hurlock

6-DATE OF BIRTH (month, day, and year): Nov 24-1848

7-AGE: 76 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: Can maker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (City or Town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Asbury Hurlock

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Mary Barber

13-BIRTHPLACE OF MOTHER (City or Town) (State or Country): Balto Md

14-Informant: James J. Hurlock
(Address): 630 Scott

15-Filed 6-1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 5-25

I HEREBY CERTIFY, That I attended deceased from Feb. 1 '24 to Feb 5 25 (19..), that I last saw h alive on Feb 5 25 and that death occurred, on the date stated above, at 9.36 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) mos. ds

CONTRIBUTORY (Secondary): Canc. of Chest

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John G. Schwensen M. D.

19 (Address) 1726 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Western Cem	Feb 9 1925
20-UNDERTAKER.	ADDRESS
Jos Joerdens Son	2173 Bo

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94938

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901 D 94938

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 805 N. Fremont St., 17-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joanna van Dambler

(a) Residence No. 805 N. Fremont St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct 2, 1853

7-AGE, 71 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer). Public Schools

(c) Name of employer. Balto. City

9-BIRTHPLACE (city or town)..... Balto Md
(State or Country),

PARENTS.

10-NAME OF FATHER, John Van Dambler

11-BIRTHPLACE OF FATHER (city or town)..... Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Ann Maria Stewart

13-BIRTHPLACE OF MOTHER (city or town)..... Md.
(State or Country),

14-
(Informant) Miss Mary Van Dambler
(Address) 825 N. Fremont Ave

15-
Filed Feb 6 1925 Robert P. Harrison Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 5-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 28, 1925, to Feb 5, 1925

that I last saw h[illegible] alive on Feb 5, 1925

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? nasal taste

(Signed) H. E. K[illegible] M. D.

Feb 6, 1925 (Address) 1002 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 7, 1925
20-UNDERTAKER. Bertram Cole	ADDRESS 1723 W. Lafayette Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94939

CERTIFICATE OF DEATH.

101-001 D 94939

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harcourt Road & Juneau Place ST.) (-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josiah Vasden Bell

(a) RESIDENCE No. Harcourt Road & Juneau Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Cornelia J. Bell

6 DATE OF BIRTH (month, day, and year) Oct. 11. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Abraham Bell

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth McFadden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Bessie Flowers

(Address) Harcourt Road & Juneau Place

15 Feb 7 - 1925 Robert P. Harrison, Registrar

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4. 1925 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1925, to Feb 4, 1925, that I last saw him alive on Feb. 4, 1925, and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Lyle Duke, M. D.

Feb 6 1925 (Address) 1005 E. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	2-7-25 19

20 UNDERTAKER H E Pughe ADDRESS 434 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94940

CERTIFICATE OF DEATH.

38 D 94940

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 St Mary ST., 17-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Clark Clash Jr

(a) RESIDENCE NO. 532 St Mary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) — — 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Jenkins

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Clash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Shillington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lavinia Bond

(Address) 820 Forkner Av

15 Filed 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to Feb 4, 1925, that I last saw him alive on Feb 4, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Thrombosis — Left Pleurisy

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Pleurisy (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

2/6, 1925 (Address) 92 E Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Feb 7 1925

20 UNDERTAKER S M Chase Sons — ADDRESS 400 Aliceanna

FROM is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 94941

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94941

CERTIFICATE OF DEATH.

101-6

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Lemmon ST.: 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olga Nicholson

(a) RESIDENCE. No. 832 Lemmon ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 11-89

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jacob Nicholson (Address) 921. Eutaw

15 Filed . 19 Robert P. Harrison Registrar

7-1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 . 1924 . to Feb 4 . 1925 .

that I last saw h— alive on Feb 3 . 1925 .

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms & Symptoms

(Signed) Charles V. Hancock, M. D.

Feb. 5 1925 (Address) 712 S. Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 7 1925

20 UNDERTAKER: Sam'l H Case Son — ADDRESS: 1400 Madison

Ck of certificates. Use instructions on back of

D 94942

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94942

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 620½ George St. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Brown

(Residence in Baltimore: No. 620½ George St. St.; 62 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): widower

6-DATE OF BIRTH: Feb. 11 (Month) (Day) 1863 (Year)

7-AGE: 62 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer): 923

9-BIRTHPLACE, (State or Country): Md.

PARENTS:

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER, Brown

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Brown

(Address) 620½ George St.

15-

Filed..... 192.....

Robert F. Harrison, Registrar.

Burial Permit Clerk.

7-1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia - Nephritis

(Duration) 1 yrs. mos. ds.

*CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

Feb 5, 1925 (Address) 2802 Eastern Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, 2/7 1925

20-UNDERTAKER, Samuel D. Hensley ADDRESS 578 W. Baltimore

D 94943

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001 100 94943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 714 Dolphin St. St. 17-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kozier Jackson

(Residence in Baltimore: No. 714 Dolphin St. St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	widower

6-DATE OF BIRTH. about (Month) (Day) 1839 (Year)

7-AGE. 86 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Driver

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Wm. Jackson

11-BIRTHPLACE OF FATHER, (State or Country). Md. Guyder

12-MAIDEN NAME OF MOTHER. Maria [illegible]

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Sarah Jackson

(Address) 714 Dolphin St

15-

Filed ..... Robert P. Harrison,

- 1925 Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 3 (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

Feb. 5, 1925 (Address) 2802 Eutaw

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem.	2/7/ 1925

20-UNDERTAKER. James T. Hennessy ADDRESS 578 Eddy St.

Spec.—1-10-21—M&T—1500 Bks.

1803

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94944

1 D 94944

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

+ 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James T. Murphy

(a) RESIDENCE NO. Chesapeake City, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Sept ? 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	abt. 57	-	-	

8 OCCUPATION OF DECEASED ?

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ? (State or country) Md.

PARENTS

10 NAME OF FATHER James Murphy.

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Boyle

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

Undertaker Pepper Elkton Md.

Filed ..... Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31-1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 28-, 1925 to Jan 31-1925.

that I last saw him alive on Jan 31, 1925

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insuff. Myocardial insuff.

ascites. 1

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac psychosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. C. McGinty M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkton Md.

DATE OF BURIAL 2/7 1925

20 UNDERTAKER Wm J Sickmet Sons

ADDRESS North Penn

7 - 1925

(Postal Records Clerk)

OCCUPATION is very important. See instructions on back of certificates. Exact statement of occupation of property Classified. Exact statement

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94945

D 94945

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No.) 132 Montebello Terrace St. 27-12 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mc Taggart

(a) Residence No. 132 Montebello Terrace St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 23, 1854

7-AGE. 70 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Mc Taggart

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Sarah A Whalen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Mary E. Mc Taggart

(Address) 132 Montebello Terrace

15- Filed 2-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 6/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925 to Feb 6 1925

that I last saw h[illegible] alive on Feb 5 1925

and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis with Terminal Bronchial Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Brunner, M. D.

2/6 19 25 (Address) 4 W Hamburg St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 7, 1925

20-UNDERTAKER, William Cook — ADDRESS 501 E Baltimore

D 94946

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94946

CERTIFICATE OF DEATH.

90

90-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 212 E Pratt St., Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ruhland

(Residence in Baltimore: No. 2027 Edmondson Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	W	Single

6-DATE OF BIRTH. Feb (Month) 22 (Day) 1867 (Year)

7-AGE. 57 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Glass Packer
(b) General nature of industry, business, or establishment in which employed (or employer): 886

9-BIRTHPLACE. (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER. William H Ruhland

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Knotner

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Ruhland

(Address) 2027 Edmondson Ave.

15- Robert P. Harrison,

Filed 2-1925 192.... Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv dis. Heart

Cor Endocarditis

(Duration) 2 yrs. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Feb 6 1925 (Address) 1639 Penna Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death 7 yrs. 7 mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore

DATE OF BURIAL. Feb 7 1925

20-UNDERTAKER. Wm Cook

ADDRESS 502 E 4th Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94947

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94947

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1211 Linden Ave St. 11-1 Ward 90

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Maria Cooley Ker

(a) Residence No. 1211 Linden Ave St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) Widowed

5a-If married, widowed, or divorced ~~HUSBAND~~ or (or) WIFE of John Ker

6-DATE OF BIRTH (month, day and year) May 23 1826

7-AGE. 98 yrs. 9 mos. 12 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo Willig

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Phila Pa.

12-MAIDEN NAME OF MOTHER, Ann Brobston

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Phila Pa.

14-

(Informant) Edw L. Bash

(Address) Md Trust Bldg

15-Filed 7 1925 Robert P. Harrison, 192 ... Registrar.

~~Burial Permit Clerk.~~

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 5 1925

17- I HEREBY CERTIFY, That I attended deceased from June 13 1925 to July 5 1925

that I last saw her alive on July 5 1925

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

Chr Interstitial Nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) 2 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas P. Cheatham M. D.

July 6 1925 (Address) 1504 McCulloh

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Feb 7 1925
20-UNDERTAKER, Henry H Jenkins Sons	ADDRESS McCulloh & Orchard Sts

Cor.—t-12-23—M&T—100 Bks.

D 94948

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94948

CERTIFICATE OF DEATH.

2-27-1925

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Brocato.

(a) RESIDENCE NO. 631 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 13 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, HUSBAND of (WIFE of) Jennie Brocato.

6 DATE OF BIRTH (month, day, and year) January 25th.1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	0	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Dominick Brocato.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Josephine Ray.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Jennie Brocato.(wife)
(Address) 631 Hanover St.

15 FILED 2-7-1925, 192 Robert P. Garrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4th.1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained hy said autopsy & inquest. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage due to pistol shot wounds in the abdomen and shoulder. Homicide.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

Feb. 6th, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?
Shot at Hanover & Lee Sts. Feb. 4th. 1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cem — DATE OF BURIAL 2/7 1925

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Hanford ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94949

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94949

CERTIFICATE OF DEATH.

2-31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1807 Fleet Street St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha. Wierzynski

(a) Residence No. 1807 Fleet Street St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 30 1922

7-AGE.	If LESS than 1 day,
2 yrs. 1 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Casimier. Wierzynski

11-BIRTHPLACE OF FATHER (city or town) Poland (State or Country),

12-MAIDEN NAME OF MOTHER, Sophia. Szymanski

13-BIRTHPLACE OF MOTHER (city or town) Poland (State or Country),

11- (Informant) MrsSophia.Wierzynski

(Address) 1807 Fleet Street

15- Filed ..... 19.....

Robert P. Harrison, Registrar.

7-1925

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 6 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 19 25 to Feb 6 19 25

that I last saw h[illegible] alive on Feb 5 19 25

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ..... yrs. ..... mos. 6 wks ds.

CONTRIBUTORY (Secondary) Probably Bronchitis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

Feb 6. 19 25 (Address) 14 So Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cem.	Feb. 7 1925

20-UNDERTAKER. ADDRESS

John A Weber 1803 Bank

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94950

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94950

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1709 S. Second St. St., 26 Ward)

Registered No. 1145

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Asunta Petronio

(a) Residence No. 1709 S. Second St St., 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Giuseppe Petronio

6-DATE OF BIRTH (month, day and year) March 27-1892

7-AGE. 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER. Luigi Trotta

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER. Victoria Zottola

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Giuseppe Petronio

(Address) 1709 S. Second St

15- Filed Feb 10 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 6-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 19 25 to Feb 6 19 25

that I last saw h. alive on Feb 5 19 25

and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. 1 mos. 5 da.

18-Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

1/7 (Signed) Maxwell L. Mayer M. D.

, 1925 (Address) 3748 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Cem. DATE OF BURIAL. Feb. 9, 1925

20-UNDERTAKER. Lilly & Zinn ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94951

CERTIFICATE OF DEATH.

D 94951

23-2 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Light St. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Macher.

(a) RESIDENCE NO. 1532 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, ~~widowed, or divorced~~ (or) WIFE of Louis Macher.

6 DATE OF BIRTH (month, day, and year) May 8th, 1861.

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
	63	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William W. Hartlove.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Balla.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Louis Macher. (husband)

(Address) 1532 Light St.

15 Filed 7-1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5th. 1925

17

I HEREBY CERTIFY, That I attended deceased from January 18, 1925 to February 5th. 1925.

that I last saw her alive on February 5th. 1925

and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No. Date of

Was there an autopsy? No.

What tests confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M Reinhardt, M. D.

2/5, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 2/7 1925

20 UNDERTAKER S. Frew McCully

ADDRESS 130 E. Fort

TION is very important. See instructions on back of certificates.

...may be properly classified. Exact statement of OCCUPA-

K 00 D

Spec.—1-10-21 - M&T - 1500 Blks.

D 94952

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94952

CERTIFICATE OF DEATH.

161-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Riverside Ave ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Edna Eid.

(a) RESIDENCE NO. 1031 Riverside Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 25-25

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Eid.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Orleans

12 MAIDEN NAME OF MOTHER Catherine Hooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant William Eid.

(Address) 1031 Riverside Ave

15 7 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to Feb 6, 1925, that I last saw h[illegible] alive on Feb 6, 1925, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Morbus Caeruleus

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J Whelan M. D.

2/6, 1925 (Address) 1274 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL 2-7 1925

20 UNDERTAKER Earl B Hark

ADDRESS 115 E Mt St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94953

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., W-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Weissner

(a) RESIDENCE No. 413 S. Washington ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. White mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) April 6-1923

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	2			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Weissner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Celina Lebermuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... Robert P. Harrison Registrar

7 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1924, to Feb 6, 1925, that I last saw him alive on Feb 6, 1925, and that death occurred, on the date stated above, at 8 5/4 m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

..... (duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of ——

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery DATE OF BURIAL: Feb 7th 1925

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 D. Druid Pl.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1923 D 94954 — D 94954

CERTIFICATE OF DEATH.

1-PLACE OF DEATH **JOHNS HOPKINS HOSPITAL** 6-132

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Agnes Porter

(a) RESIDENCE NO. 218 N. Bethel ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rubans ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm S. Stephens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

7-1925 Chief Ferall Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1925, to Feb 6 - , 1925, that I last saw h[illegible] alive on Feb. 6 - , 1925 and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Meningitis tbc.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Hope C.C. and	Feb 8 1925
20 UNDERTAKER	ADDRESS 1631
Edward Bryon	Arlington

TION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94955

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94955

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Cordova apt F 1. St., 13 6 92 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Millie Herman

(a) Residence No. Lake Drive St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of David Herman

6-DATE OF BIRTH (month, day and year) Nov 20/1862

7-AGE 62 yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town), (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Nathan Hess

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Bertha Stern

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Germany

14- (Informant) Dr L Herman

(Address) Cordova apt

15- Filed Robert P. Harrison, Registrar.

7 - 1925 Burial Permit Clerk.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from August 1 1916 to February 5 1925 that I last saw h.r alive on February 5 1925 and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Myocarditis

(Duration) 7 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles J Pfeiffer M. D.

, 19 (Address) 1417 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Clerk Shalom — DATE OF BURIAL, Feby 8th 1925

20-UNDERTAKER, Harry Sondheim — ADDRESS 118 N Howard

Spec.—1-10-21—M&T—1500 Bks.

D 94956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-1 1597 003

D 94956

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3522 Greenmount av ST., 12 WARD)

2-FULL NAME Florence Richmond Fenby

(a) RESIDENCE NO. 3522 Greenmount av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 1, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER John D. Fenby

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Richmond

13 BIRTHPLACE OF MOTHER (~~city or town~~) Chas. Co.
(State or country) Maryland.

14 Informant John D. Fenby
(Address) 3522 Greenmount ave

15 Filed ....., 19.... Robert P. Harrison,
Registrar

7-1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Feb 7, 1925, that I last saw her alive on Feb 6, 1925 and that death occurred, on the date stated above, at 5. a. m.

The CAUSE OF DEATH* was as follows:

Spina bifida

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital.

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical

(Signed) Thos. B. E. Spencer M. D.

2/7, 1925 (Address) 904 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 7 1925

20 UNDERTAKER: Jno B. Spence — ADDRESS: 1305 N. Caroline St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94957

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94957

CERTIFICATE OF DEATH.

5-1 135

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 N. Exeter St., 5-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Kraeger

(a) Residence No. 417 N. Exeter St., Ward.....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 21 1853

7-AGE. 71 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Collector
(b) General nature of industry, business, or establishment in which employed (or employer). Retired
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Bernard Kraeger

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Annie Hamman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mrs. Annie Kraeger
(Address) 417 N. Exeter St.

15- Filed 7-1925 19? Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 5 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 1924 to Feb 5 1925

that I last saw him alive on Feb 5 1925

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Uremia (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Enlarged Prostate

Senile (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Examination

(Signed) Mary F. Zoglein M. D.

2-7- 1925 (Address) 1028 Valley St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	February 9, 1925
20-UNDERTAKER.	**ADDRESS**
Henry Horch Son	1301 E. Eager St

Instructions on back of certificates.

Spec.—1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94958

CERTIFICATE OF DEATH.

D 94958

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 N. Ann ST., 6-1 100-08 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Syle

(a) RESIDENCE NO. 308 N. Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Syle

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Elbridge Walker

11 BIRTHPLACE OF FATHER (city or town) U.
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Florence Syle

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Florence Syle (mother)
(Address) 308 N. Ann

15 Filed 7-1925 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925, to Feb. 5, 1925, that I last saw him alive on Thursday Feb 5, 1925, and that death occurred, on the date stated above, at 7:30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Evd

(Signed) W. L. Barrey, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb. 7 1925
20 UNDERTAKER	ADDRESS
Mrs R. E. Elliott	1725 Ashland

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 94959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 34959

CERTIFICATE OF DEATH.

15-129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1903 Bentalou St., 15-11 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry E. Stewart

(a) Residence No. 1903 Bentalou St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine E Stewart

6-DATE OF BIRTH (month, day and year) 3/16/1881

7-AGE, 44 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: clothing cutter

(b) General nature of industry, business, or establishment in which employed (or employer): clothing

(c) Name of employer: Thalhimers Bros

9-BIRTHPLACE (city or town) (State or Country), Louisville, Kentucky

PARENTS.

10-NAME OF FATHER, Henry Stewart

11-BIRTHPLACE OF FATHER (city or town) (State or Country), East Tenn

12-MAIDEN NAME OF MOTHER, Mrs Evans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant) H. E. Stewart

(Address) 1903 Bentalou St.

15-

Filed 7th 1925 Robert P. Harrison, 192 Registrar.

~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 4-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1925 to Feb 4 1925

that I last saw him alive on Feb 4 1925

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?

*Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed): H. O. Hoese M. D.

Feb. 5, 1925 (Address) 5600 York Rd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Feb 7, 1925

20-UNDERTAKER: W. M. Rowton — ADDRESS: 2258 N Howard

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94960

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94960

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l ST. 13-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Fauntaw.

(a) RESIDENCE NO. 2550 Francis St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow of Mr Fauntaw,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Mr Fauntaw,

6 DATE OF BIRTH (month, day, and year) Feb 14, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72 yrs.	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va,

PARENTS

10 NAME OF FATHER William Coffee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Princess Ann Co. Va

12 MAIDEN NAME OF MOTHER Emily Caulfield.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Princess Ann Co. Va.

14 Informant Mrs Margaret Fauntaw. (Address) 2550 Francis St.

15 Filed FEB 7 - 1925 Robert P. Harrison, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to Feb 6, 1925, that I last saw h[illegible] alive on Feb 6, 1925, and that death occurred, on the date stated above, at 6:50 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? While at home,

Did an operation precede death? Yes Date of Jan 4-1925

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) [illegible] M. D.

, 19 (Address) Maryland General Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Feb 9th 19 25
UNDERTAKER	ADDRESS
E. B. Hyppert	850 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94961

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 810 Winston Ave St., Govan Ward)

Registered No. 1627-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Shamer

(a) Residence No. 810 N. Winston Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Theodore Shamer

6-DATE OF BIRTH (month, day and year) Dec 8 1850

7-AGE. 75 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Crow

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto.

12-MAIDEN NAME OF MOTHER Margt Patterson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto

14- (Informant) Mrs Bratton

(Address) 810 Winston Ave.

15- Filed 7-1925 Robert P. Harrison Registrar.

Burial Permit Clerk

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1924 to Feby 5 1925

that I last saw her alive on Feby 5 1925

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

General debility — of age.

No disease particularly

(Duration) 1 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. M. Duncan M. D

, 19 (Address) 5106 York Road

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL, Feb 7 1925

20-UNDERTAKER, E. A. Wiedefeld Jr — ADDRESS 501 E 22 St

Spec—12-23-21—E.B.R.S.—400 Eks.

D 94962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65-001 D 94962

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 27-6 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... William T. Kemp

(a) Residence No. 209 Edgevale Rd St., Ward, Roland Park Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, ~~Married~~ Widowed, or Divorced, (Write the word.)

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Elsie M. Kemp

6-DATE OF BIRTH (month, day and year) April 16, 1877

7-AGE. 47 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H. Kemp

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Helen Hopkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mrs R. P. Nelson
(Address) 209 Edgevale Road Ro

15- Filed ..... 192.. Robert P. Harrison Registrar.

7-1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 6th 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 15th 19.25 to Feb 6th 19.25 that I last saw h.~~im~~ alive on Feb 6th 19.25 and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myeloid Leukemia

about (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Chauncey Howell M. D.

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Bluff Cem Annapolis — DATE OF BURIAL, Feb 8th 1925

20-UNDERTAKER: Henry H Jenkins & Sons Co — ADDRESS Orchard & Calhoun Sts

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94963

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94963

CERTIFICATE OF DEATH.

+ 146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Clark

(a) RESIDENCE NO. Keyser W Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	24	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Isaac F Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lillie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Isaac F Clark

(Address) Keyser W Va

Filed 7-8-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to Feb 6, 1925,

that I last saw h[illegible] alive on Feb 6, 1925,

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. L. Stone, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Taylor Md — DATE OF BURIAL: Feby 7 1925

20 UNDERTAKER: John O'Mulcahill — ADDRESS: 120 W Fayette

CAUSE OF DEATH must be properly classified. Exact statement of ... may be made in plain terms, so that it may be properly classified. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 94964

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-801 D 94964

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 W. Lexington ST., 20 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline M. Noonan

(a) RESIDENCE NO 2133 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Noonan

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George Boyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John H. Noonan
(Address)

15 Filed 1925 192 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Norton, M. D.
(Coroner.)

Feb 7th, 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Feb 9 1925
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

Burial Permit Clerk

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94965

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94965

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 n. Bruce st. ST.: 15 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Rainey

(a) RESIDENCE. NO. 1405 n. Bruce st. ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Robert Rainey
(Address) 1405 n. Bruce st

15 Filed 7-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5- 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-31-, 1925, to 2-5-, 1925, that I last saw h alive on 2-4-, 1925, and that death occurred, on the date stated above, at 3.35 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. C. Page, M. D.

, 19 (Address) 1516 n. Monroe st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cem	Feb 8 1925

20 UNDERTAKER Mrs. Jas. H. Dennis rep. T. E. Kelson

ADDRESS 1308 Pressman st

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94966

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94966

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2200 Ruskin Ave St., 3-9 WARD)

2-FULL NAME Mabel Jeanette Shuman

(a) RESIDENCE No. 2200 Ruskin Ave St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28 23

7 AGE — Years: 1 — Months: 6 — Days: 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Irving D. Shuman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mich

12 MAIDEN NAME OF MOTHER: Myrtle B. Van Brook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Mr Irving D. Shuman
(Address) 2200 Ruskin Ave

Filed FEB 8 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25th, 1924, to Feb. 7th, 1925, that I last saw her alive on Feb. 7th, 1925, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Whooping Cough (duration) yrs. mos. 2 1 da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edward E. Reckert M. D.

1925 (Address) 2734 Pa. Ave. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — DATE OF BURIAL: Feb. 8 1925

20 UNDERTAKER: Wm Flickinger Sons — ADDRESS: Norfolk Va

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

94967 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 94967

CERTIFICATE OF DEATH.

6-90

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1811 N Caastel St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Heimel

(a) Residence No. 1811 N Caastel St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Emma Yeager

6-DATE OF BIRTH (month, day and year): Feb 13 1856

7-AGE: 69 yrs. 11 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balt

PARENTS.

10-NAME OF FATHER: Michael Heimel

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Emma Hemel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-
(Informant): Emma Heimel
(Address): 1811 N Caastel St

15-
Filed ..... 192.....
ROBERT R. KRAUTER,
Registrar.
Burial Permit Clerk.

FEB 8 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 6 1925

17- I HEREBY CERTIFY, That I attended deceased from June 5 1924 to Feby 5 1925
that I last saw him alive on " " 19"
and that death occurred, on the date stated above, at 2 A m.
The CAUSE OF DEATH* was as follows:
Chronic Bronchial Asthma

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): Valv. Heart trouble

(Duration) yrs. 9 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. H. Collenberg M. D

Feby 7. 1925 (Address) 1810 E Baltimore St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 9, 1925

20-UNDERTAKER: Wendell Oppel & Son — ADDRESS: 37 S[illegible]

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94968

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94968

CERTIFICATE OF DEATH.

35

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 S Lobuson ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank A Mazziotte

(a) RESIDENCE No. 148 S Robinson ST., WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6th 1910

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Mazziotte

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Laura Perzzi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Frank Jones

(Address): 148 S Robinson

15 FEB 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 5 1924 to Feb 6 1925

that I last saw h[illegible] alive on Feb 6 1925

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Septicemia

resultant of Tuberculer Step.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Tubercular Step.

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) B O'Reilly M. D.

. 19 (Address) 1000 Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Feb 8 1925

20 UNDERTAKER: Frank T. Kirkland

ADDRESS: 1800 E 32nd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 94969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 94969

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hosp ST.: 14-18 WARD)

2-FULL NAME. Chas. Frank. Nelson

(Residence in Baltimore: No. 1824 McCulloh St.? 44 yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Marr

6-DATE OF BIRTH, Nov 20, (Month) (Day) 1880 (Year)

7-AGE, 36 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Wonder
(b) General nature of industry, business, or establishment in which employed (or employer). worker

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Louise Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Nelson.

(Address) 1824 McCulloh St.

15- FEB 8 - 1925 191... ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Fract Skull
(b) accident fall from wagon
(Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Washing wagon
(Duration) ... yrs. ... mos. ... ds.

(Signed) Hurley M. D.
(Coroner)
Feb 8, 1925 (Address) 1157 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 7 1925

20-UNDERTAKER Clement L. Thursby ADDRESS 1125 Eutaw

important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 94970

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94970

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 14-1 WARD)

REGISTERED NO. 118-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Leonard

(a) RESIDENCE No. 2117 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Leonard

6 DATE OF BIRTH (month, day, and year) May 6-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Drug Store

9 BIRTHPLACE (city or town) (State or country) Salisbury Md

PARENTS

10 NAME OF FATHER Ralph Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria -----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Susie Leonard
(Address) 2117 Druid Hill Ave

FEB 8 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Autopsy At Hospital)
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Infarct of Ileum
(duration) yrs. mos. ds.

(Signed) J. S. H. Cullen (Former.), M. D.

2-7-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 2/8 192 5

20 UNDERTAKER Edward A. Frush ADDRESS 1128 N Eutaw

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA- ...ANS should state ... may be properly classified, so that it

Cor.—1-12-23—M&T—100 Bks.

D 94971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 94971

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Cohen

(a) RESIDENCE NO. Lake Drive Apartments ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Cohen

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Aaron Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sidney Cohen

(Address) Lake Drive Apts

Filed FEB 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive Burns over body
accidental-clothes caught fire
as stove

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Wollen (Coroner.), M. D.

2-8-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem DATE OF BURIAL 2/8 1925

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94972

CERTIFICATE OF DEATH.

D 94972

74-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Druid Hill Ave. WARD) 21-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Goldman

(a) RESIDENCE NO. 907 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Goldman

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 78 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Shoe Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Selling shoes

(c) Name of employer: Self. 045

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Lewis 1439 E Baltimore

Filed FEB 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1925, to Feb 6, 1925,

that I last saw him alive on Feb 4, 1925,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemmorrhage (recurring)

(duration) About 1 hour

CONTRIBUTORY (Secondary) Senile Arteriosclerosis, Chronic Bronchitis & Chronic Prostatitis (duration) over 5 years

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry E Wahle M. D.

Feb 7, 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rest

DATE OF BURIAL: 2/8 1925

20 UNDERTAKER: Jack Lewis 1439 E Balt St

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94973

CERTIFICATE OF DEATH

D 94973

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Homewood Hospital. 16 13-6

CITY OF BALTIMORE: (No. 2724 N. Charles ST., WARD)

2-FULL NAME Baby Cohen

(a) RESIDENCE No. 2334 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 6th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 23 hrs. or ..... min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Abr Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Anna Lumbler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Abr Cohen
(Address): 2334 Eutaw Place

15

FEB 8 - 1925

ROBERT R. KRAUTER
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to Feb 7th, 1925

that I last saw him alive on Feb 7th, 1925

and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Dystocia in mother

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Vernon H Condon, M. D.

, 19 (Address) 750 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	2/8 19 25
20 UNDERTAKER: Jack Levin	ADDRESS: 1439 Eutaw

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

005 ✓ 36 D 94974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L Jordan

(a) RESIDENCE NO. Odenton Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 Week mos. ds. How long in U. S., if of foreign birth? yrs. mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa V. Jordan

6 DATE OF BIRTH (month, day, and year) April 4 1893

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rockton Ill.

PARENTS

10 NAME OF FATHER James R Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Alice F. Elmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass.

14 Informant Homer C. Jordan (Address) Odenton Md

FEB 8 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1925, to Feb 4, 1925, that I last saw him alive on Feb 4 10 a.m., 1925, and that death occurred, on the date stated above, at 9:00 P m.

The CAUSE OF DEATH* was as follows:

Amoebic Dysentery

Tuberculosis of Splech

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. S. Lindsay, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery

DATE OF BURIAL Feb 8 1925

20 UNDERTAKER Harry H. Nitske

ADDRESS 1531 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94975

CERTIFICATE OF DEATH.

D 94975

21

17-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Smith Jr

(a) RESIDENCE. No. 516 Nunnsen St. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie Smith

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 33	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Smith Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Charles Daugherty (Address) 1115 Penna Ave

15 Filed 2-6-1925 ROBERT R. KRAUTER, Registrar
B6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925, to Feb 4, 1925, that I last saw h in alive on Feb. 4, 1925, and that death occurred, on the date stated above, at 11 50 p m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Myron G. Dull, M. D.

2/6, 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
U. S. National Cem.	Feb. 9 1925
20 UNDERTAKER	ADDRESS
Harry A. Witzke	1531 W Lombard

TION is very important. See instructions on back of certificates.

that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94976

CERTIFICATE OF DEATH.

51 D 94976

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen'l Hosp. WARD) 26-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM WEINECKE

(a) RESIDENCE No. 110 So. 10TH ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MRS. LORETTA WEINECKE

6 DATE OF BIRTH (month, day, and year) Oct 25-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work GARAGE 886

(b) General nature of industry, business, or establishment in which employed (or employer) SALESMAN

(c) Name of employer — OWNER —

9 BIRTHPLACE (city or town) (State or country) BALTO MD

PARENTS

10 NAME OF FATHER EDW. WEINECKE

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTO MD

12 MAIDEN NAME OF MOTHER MOLLIE LINK

13 BIRTHPLACE OF MOTHER (city or town) (State or country) BALTO MD

14 Informant EDW. WEINECKE

(Address) 110 S. TENTH ST

15 Filed FEB 8 - 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 5 1925

17 I HEREBY CERTIFY, That I attended deceased from FEB 2, 1925, to FEB 5, 1925, that I last saw h/Malive on FEB 5 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever

(duration) yr. 1 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Signs + Symptoms

(Signed) J. A. Peterman, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery DATE OF BURIAL Feb 9 1925

20 UNDERTAKER Harry H. Welzbe ADDRESS 1531 Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 94977

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94977

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hospital ST.: 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac N. Gerns

(a) RESIDENCE. NO. 526 W. Mulberry ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie E. (Gerns) Nee Zeiger

6 DATE OF BIRTH (month, day, and year) Dec 4 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

062

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER John Gerns.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Lydia Stauffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Nellie E. Gerns.

(Address) 526 W. Mulberry St.

FEB 8 - 1925

ROBERT R. KRAUTER, Clerk.
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1925, to Feb 6, 1925, that I last saw him alive on Feb 6, 1925, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? stethoscope

(Signed) A. J. Conrey, M. D.

, 19 (Address) Vol. of America Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Feb. 9 1925
20 UNDERTAKER	ADDRESS
Harry H. Weitzel	1534 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Sedwick

D 94978 HEALTH DEPARTMENT—CITY OF BALTIMORE 94978

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4134 Reid ST., 17-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Sedwick

(a) RESIDENCE NO. 4134 Reid ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Friend

(Address) 413 N Bond St

FEB 8 - 1925 ROBERT R. KRAMER, Registrar

Burial Permit Mark.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1925 to Feb 6 1925, that I last saw h[illegible]ative on Jan 4 1925, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Hand, M. D.

2/6, 1925 (Address) 711 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2-8-25 19
20 UNDERTAKER	ADDRESS
Frank Corbin	916 Cam

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Spec— 12-23-21—E.B.R.S.—400 Pks.

D 94979

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 Linden Ave St., 11-2 Ward) 31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter L. Johnson

(a) Residence No. 908 Linden Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1891

7-AGE 34 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister

(b) General nature of Industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Md

PARENTS

10-NAME OF FATHER John Thomas Johnson

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Anne Arundel Co Md

12-MAIDEN NAME OF MOTHER Emma Thomas

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Anne Arundel Co Md

14-(Informant) Emma Johnston

(Address) 908 Linden Ave

15-FILED FEB 8 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 6-25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 20 — 1925 to Feb. 6 — 1925 that I last saw him alive on Feb. 5 — 1925 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lungs

Tuberculosis of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (Duration) yrs. 4 mos. 12 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr. L. W. Kennard M. D

2-6 1925 (Address) 708 Linden St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	2-9 1925
20-UNDERTAKER.	ADDRESS
Chas D Carlon	611 6a ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94980

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94980

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 577 Greenmillow ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Scott

(a) RESIDENCE No. 577 Greenmillow ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE — Years: 29 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Charles Coleman

(Address): 577 Greenmillow St

15 Filed ..... 19.. Registrar

FEB 8 1925 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1925, to Feb 5, 1925, that I last saw h[illegible] alive on Feb 5, 1925, and that death occurred, on the date stated above, at 10 25 50 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. E. Cassard M. D.

19 (Address) 153 Aliceanna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clarkton Va.

DATE OF BURIAL: 2-8-25

20 UNDERTAKER: Denis Easton

ADDRESS: Va and

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5150 Reisterstown Road St., 28-1 Ward) Registered No. D 94981

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. R Samuel Birckhead

(a) Residence No. 5150 Reisterstown Road St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth B Birckhead

6-DATE OF BIRTH (month, day and year) April 22/1857

7-AGE. 67 yrs. 9 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Merchant Grocer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Calvert Co Md

PARENTS

10-NAME OF FATHER. William H Birckhead

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Susan Ireland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Samuel R. Birckhead

(Address) 5148 Reisterstown Road

15-

Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

FEB 8 - 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-7-25

17- I HEREBY CERTIFY, That I attended deceased from July 4 19 25 to July 6 19 25

that I last saw h.. alive on Jan 6 19 25

and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hemiplegia

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Rolf J. Haudenschild M. D.

, 19 (Address) Main & Haynes Sts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. Feby 9, 1925

20-UNDERTAKER. Harry H Amrhein

ADDRESS 4204 Ridgewood Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94982

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94982

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette & Payson ST., 28-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alphonse M. Lookamp

(a) RESIDENCE No. 4200 Liberty Heights Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie F. Lookamp

6 DATE OF BIRTH (month, day, and year) Oct 1-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broker 109

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Smith & Kensington Balto.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Lookamp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Engle 2/7/.12

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Susie F. Lookamp (Address) 4200 Liberty Heights Ave

15 Filed FEB 8 1925, 19 ROBERT P. KRAUTER Registrar

Burial Permit Mailed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 3rd, 1925, to Feb. 7th, 1925.

that I last saw him alive on Feb. 7th, 1925.

and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Lethargica encephalitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin-

(Signed) H. W. Poore M. D.

(Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemt DATE OF BURIAL Feb 10 1925

20 UNDERTAKER Peter J. Lore ADDRESS 1723 N. Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94983

CERTIFICATE OF DEATH.

90 D 94983

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Patapsco ST., 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wade Overton Smith

(a) RESIDENCE No. 1515 Patapsco ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma Smith

6 DATE OF BIRTH (month, day, and year) June 28 1896.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas City Missouri

PARENTS

10 NAME OF FATHER Fleet Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas City

12 MAIDEN NAME OF MOTHER Ruth McGee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kansas City

14 Informant Mrs Emma Smith
(Address) 1515 Patapsco St

15 FEB 8 - 1925 ROBERT N. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 10 ....., 1924, to Feby 5 ....., 1925, that I last saw him alive on 2/4 ....., 1925, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valv Heart Dis
Myocarditis

(duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Prostatitis

(duration) yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis —

(Signed) L J Burlington M. D.

2-5- 1925 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb. 8, 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E Fort Ave

IMPORTANT: NAME should be entirely supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 94984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 88 D 94984

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. John Daly

(a) RESIDENCE NO Woodstock College, Woodstock Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Priest

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Record
(Address)

15 FEB 8 - 1925 Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/25 19

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Feb. 5, 1925,

that I last saw him alive on Feb. 8, 1925,

and that death occurred, on the date stated above, at 4.10 a. m.

The CAUSE OF DEATH* was as follows:

Sub-Acute Bacterial Endocarditis

Otitis Media (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia. Coma Embolism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Daly, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodstock College Cem. DATE OF BURIAL Feb. 10, 25

UNDERTAKER Easton Sons ADDRESS Ellicott City

...should be stated EXACTLY. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

94985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

74 D 94985

1-PLACE OF DEATH

City of BALTIMORE. (No.) 400 E. Fort Ave (St.) 74-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Hardy

(a) Residence No. 400 E. Fort Ave St., 74 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M.

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Carrie D. Hardy

6-DATE OF BIRTH (month, day and year) — — 1866

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Car repair

(b) General nature of industry, business, or establishment in which employed (or employer) Rwy 673

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John T. Hardy

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER, Ann McCall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. J. T. Hardy

(Address) 400 E. Fort Ave

FEB 8 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 5 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1925 to Feb 5 1925

that I last saw him alive on Feb 5 1925

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. E. H. Campbell, M. D.

Feb 7, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Bethel	2/9 1925
20-UNDERTAKER.	ADDRESS
L. Parker Sons	318 Light

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH should state

D

AFFIDAVIT

D 94986

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94986

CERTIFICATE OF DEATH.

Registered No. C 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 561 W Hoffman St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Coleman

(Residence in Baltimore: No. 561 Hoffman St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: C.

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: Unknown. (Month) (Day) (Year)

7-AGE: Appx 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS:

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Lawrence

(Address) 561 Hoffman

15- FEB 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. 5, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis Heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Endocarditis,

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Feb 7, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery DATE OF BURIAL: Feb. 9 1925

20-UNDERTAKER: V Mae R. G. Elbert ADDRESS 525 Eastland

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

94987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100D 94987

1-PLACE OF DEATH

City of BALTIMORE: (No. 5320 Maple Ave. (Arlington) St.) 24-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Raeke

(a) Residence No. 5320 Maple Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 20 1925

7-AGE, ...yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Charles Raeke

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Ottillia Obermiller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Austria

14- (Informant) Charles Raeke

(Address) 5320 Maple Ave.

15- Filed ..... 19: ROBERT R. KRAUTER, Registrar.

FEB 8 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 8 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4, 19 25, to Feb. 8, 19 25, that I last saw h[illegible] alive on Feb. 7, 19 25, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Charles E. Wells, M. D.

, 19 (Address) 2 W Belvedere Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Feb 9, 19 25

20-UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 N. Carey St

In order that Certificates may be correctly supplied, ALL should be asked EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 94988

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1164 Cleveland ST., 21-2 WARD)

2-FULL NAME William H. Daniels

(a) RESIDENCE NO. 1164 Cleveland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Daniels

6 DATE OF BIRTH (month, day, and year) Jan 22 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grass Finisher 010

(b) General nature of industry, business, or establishment in which employed (or employer) Mulvin & Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va.

12 MAIDEN NAME OF MOTHER Mary Hennings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Catherine Daniels

(Address) 1164 Cleveland St.

15 Filed FEB 8 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Feb. 7, 1925, that I last saw him alive on Feb. 7, 1925, and that death occurred, on the date stated above, at 9.45 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil

(duration) yrs. mos. 1 hr

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John G. Schwagmeier, M. D.

, 19 (Address) 1116 W. Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Feb 10 1925

20 UNDERTAKER: Chas. Mus. John W. Teufel & Son — ADDRESS: 801 W. Fayette

DATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94989

CERTIFICATE OF DEATH.

4-179

REGISTERED NO. D 94989

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 764 Pine ST., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Hermann

(a) RESIDENCE No. 764 Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Oscar Hermann

6 DATE OF BIRTH (month, day, and year) Nov 19 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
78	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER August Wambach

11 BIRTHPLACE OF FATHER (city or town) Biedenkopff (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Pfeiffer

13 BIRTHPLACE OF MOTHER (city or town) Biedenkopff (State or country) Germany

14 Informant Mrs N Wambach (Address) 3807 Dorchester Ave

15 Filed FEB 8 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1924, to Febry 6, 1925, that I last saw her alive on Feb 5, 1925, and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Pancreatitis

Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Paul Brown, M. D.

2/6, 1925 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 9 1925

20 UNDERTAKER Mr & Mrs John W Trenfeld & Son — ADDRESS 801 W Fayette

IMPORTANT—INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 94990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-71-001

D 94990 Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2933 N. Charles St., 12-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anton Weiskittel

(a) Residence No. 2933 N. Charles St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Carmine

6-DATE OF BIRTH (month, day and year) Jan. 1, 1859

7-AGE, 66 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) Stoves & Plumbing Supplies

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Anton Weiskittel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Harry C. Weiskittel

(Address) 3022 St. Paul St.

FEB 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/6/25

17- I HEREBY CERTIFY, That I attended deceased from January 28, 1925 to Feb 6, 1925, that I last saw him alive on Feb 5 (11 pm) 1925 and that death occurred, on the date stated above, at 4.15A m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis. (Probably Streptococcus)

Disease started with acute inflamation of throat with great edema of palate. On 4 day throat cleared up and temperature became normal on 8th & 9th days symptoms of meningitis arose. Spinal puncture (Duration) yrs. mos. 2 ds. and much clear fluid under pressure.)

CONTRIBUTORY (Secondary) (Duration) yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis? Spinal tap.

(Signed) Wm J Watson, M. D.

Feb. 7, 1925 (Address) 212 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Loudon Park Cemetery	2/9, 1925
20-UNDERTAKER,	ADDRESS
Henry C. Mears & Son	805 N. Carlton

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94991

CERTIFICATE OF DEATH.

9 D 94991

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2750 W Dallo ST., 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Theresa Schaefer

(a) RESIDENCE NO. 2750 W Dallo ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jany. 21/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Thos. J. Schaefer

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Barbara D. Hoke

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Thos. J. Schaefer

(Address) 2750 W. Dallo St

FEB 9 - 1925

ROBERT R. KRAUTER,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8th 1925

17

I HEREBY CERTIFY, That I attended deceased from July - , 1925, to July 8 1925,

that I last saw ~~her~~ alive on July 7 , 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

In my opinion according
Whooping Cough.

(duration) Uncertain yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Irregular Expectoration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. A. Smith, M. D.

(Address) 1605 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer — DATE OF BURIAL 2-9 1925

20 UNDERTAKER Robert Brooks & Son — ADDRESS Baltimore Holli...

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94992

CERTIFICATE OF DEATH.

154-003

D 94992

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. (St.) 21-2 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Oscar Trapp

(a) RESIDENCE NO. 1251 James ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) JAN 6-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	0	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Oscar H Trapp

11 BIRTHPLACE OF FATHER (city or town) Atlanta
(State or country) Ga

12 MAIDEN NAME OF MOTHER Myrtle Krebs

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Oscar H. Trapp
(Address) 1251 James St

15 Filed FEB 9 - 1925 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7- 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-1- 1925 to 2-7- 1925

that I last saw him alive on 2-7- 1925

and that death occurred, on the date stated above, at 1 00 m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) probably Some Malformation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test ~~confirmed~~ diagnosis?

(Signed) Hubert Drain, M. D.

, 19 (Address) 1707 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 2- 9- 1925

20 UNDERTAKER Robert Brooke & Son — ADDRESS Calhoun Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 94993

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94993

CERTIFICATE OF DEATH.

Mt Washington

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 Kelly Ave ST., 27-24 WARD)

2-FULL NAME Annie E Rogers

(a) RESIDENCE NO. 34 Kelly Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Edward Rogers

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

0377

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Lymia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Phelie Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Authur Rogers

(Address) 34 Kelly Ave

15 Filed FEB 9 - 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1925, to Feb 6, 1925, that I last saw h[illegible] alive on Feb 5, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Bright's - Tuberculosis of lungs

Senile degeneration

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic —

(Signed) C. H. Becton, M. D.

2. 8. 1925 (Address) 1105 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St John Church Cemetery DATE OF BURIAL Feb 9 1925

20 UNDERTAKER A S Marshall ADDRESS 3539 Fallroad

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94994

CERTIFICATE OF DEATH.

+ 179 D 94994

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital W. ..., WARD) 4-3

2-FULL NAME Marshall Mathews

(a) RESIDENCE NO Hamilton Md. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Odd

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Husband Record.

(Address)

15 Filed FEB 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/25

17

I HEREBY CERTIFY, That I attended deceased from 12/20, 19 24, to 2/8/25, 19 ,

that I last saw h alive on 2/8/25, 19 ,

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

3d degree burns of Body
(Released by Coroner)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Senile Nephritis

Bronchial Pneumonia (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical

(Signed) K. W. Dolby M. D.

, 19 (Address) Mercy!

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mountain Dale Co	Feb 11 1925
20 UNDERTAKER	ADDRESS
W. C. Brooks & Sons	Parkton Md

—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94995

CERTIFICATE OF DEATH.

91-002 D 94995

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 E. Hamburg ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Mc Namee

(a) RESIDENCE No. 403 E Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael McNamee

6 DATE OF BIRTH (month, day, and year) 5/3/1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	72	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Kate Heinkel

(Address) 403 E Hamburg St

15 Filed FEB 9 1925 ROBERT P. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-1925

17

I HEREBY CERTIFY, That I attended deceased from 7-20, 1924, to 2-7-, 1925, that I last saw h[er] alive on 2-7-, 1925, and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) E E Burton, M. D.

2/7/, 1925 (Address) 301 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross R C	2-10 1925
20 UNDERTAKER	ADDRESS
E & B Hall	115 E Ross St

WARNING—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK—THIS

Spec.—1-10-21 - M&T - 1500 Blks.

D 94996

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 D 94996

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1440 Covington ST., 24-1 WARD)

2-FULL NAME Frederick Wm. Hart.

(a) RESIDENCE NO. 1440 Covington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) March 29/24

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John J. Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mrs Edna. Eder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John J. Hart

(Address) 1440 Covington St

15 FEB 9 - 1925 ROBERT R. KRAETER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925 to Feb 7 1925

that I last saw h[illegible]live on Feb 7/ 1925

and that death occurred, on the date stated above, at 5:47 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchitis.

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Dr Bergeland, M. D.

2/9, 1925 (Address) 1 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a. a Co. DATE OF BURIAL 2- 1925

20 UNDERTAKER Ed B Hart ADDRESS 1 E Mt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94997

CERTIFICATE OF DEATH.

99-002

D 94997

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 625 N. Curley ST., 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Call

(a) RESIDENCE NO. 625 N. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Earl

6 DATE OF BIRTH (month, day, and year) Jan 30th 1839

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chester Co. Pa

PARENTS

10 NAME OF FATHER Peter L. Earl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chester Co Pa

12 MAIDEN NAME OF MOTHER Elizabeth Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chester Co. Pa

14 Informant Etta Wedmore

(Address) 625 N. Curley

15 Filed FEB 9 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1925

17 I HEREBY CERTIFY, ~~that I attended~~ deceased from Feb 2 — 1925, to Feb 6 — 1925.

that I last saw ~~him~~ alive on Feb 6 — 1925

and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Dr Lon Wolf, M. D.

2-9-1925 (Address) 1001 E Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	2/9 1925
20 UNDERTAKER Philip Hennig	ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1787 83 D 94998

CERTIFICATE OF DEATH.

D 94998

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Mat

(a) RESIDENCE No. 901 Bentalou / Poe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1871

7 AGE Years	Months	Days	If LESS than 1 day ~~hrs.~~ or ~~min.~~
53	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Henry Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Betty Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Rosa da JOHNS HOPKINS HOSPITAL

15 Filed FEB 9 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 - 1924 to Feb 5 - 1925

that I last saw him alive on Feb 5 - 1925

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobular

(duration) ..... yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) ..... M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Antrim Cemetery	2/9/25 19
20 UNDERTAKER Geo J Roth	ADDRESS 1730 Hanford

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 94999

CERTIFICATE OF DEATH.

D 94999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Presstman ST.: 15-19 WARD)

2-FULL NAME Marjorie Hattie Wriston

(a) RESIDENCE. NO. 1514 Presstman ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 15-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	28	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer Self. Baltimore

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Elijah McKinley Wriston

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Buscher

13 BIRTHPLACE OF MOTHER (city or town) St Marys Co (State or country) Md

14 Informant Elijah Wriston

(Address) 1514 Presstman

15 Filed FEB 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1924 to Feb. 6, 1925

that I last saw h[illegible] alive on Febry 5 1925

and that death occurred, on the date stated above, at 1.40 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Severe Wetting - Obstipation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Injury - Physical

(Signed) Wm H Wright, M. D.

(Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion	Feb. 9 1925

20 UNDERTAKER mrs. Jas. H. Lyons per L. E. Kelly

ADDRESS 1303 Presstman St

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95000

CERTIFICATE OF DEATH.

101-001

D 95000

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 121 N Carrollton Ave. 18-1 (WARD)

2-FULL NAME Grant Roland

(a) RESIDENCE NO. 121 N Carrollton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Roland

6 DATE OF BIRTH (month, day, and year) I X 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	46	X	X	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore 074

(b) General nature of industry, business, or establishment in which employed (or employer) Shipping

(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina

(State or country)

PARENTS

10 NAME OF FATHER Solomon Roland

11 BIRTHPLACE OF FATHER (city or town) N C

(State or country)

12 MAIDEN NAME OF MOTHER Matilda Moore

13 BIRTHPLACE OF MOTHER (city or town) N C

(State or country)

14 Informant Rose Roland

(Address) 121 N Carrollton Ave

15

FEB 9 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 2, 1925, to Feby 6, 1925.

that I last saw h~~im~~ alive on Feby 5, 1925.

and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Repeated

(Signed) W. F. Roberts M. D.

2/7, 1925 (Address) 119 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
mont auburn cemetery	Feb 9 1925
20 UNDERTAKER	ADDRESS
John H Toadvine	142 Ashland st

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 95001

1-PLACE OF DEATH

City of BALTIMORE: (No. 859 Harlem Ave St., 17-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Archibald Garrison

(a) Residence No. 859 Harlem Ave — St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 6, 1924.

7-AGE. 0 yrs. 8 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Baby.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Furman Garrison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Laura Kohlenberg

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Frederick Co. Maryland

14-

(Informant) Mrs Laura Garrison

(Address) 859 Harlem Ave

15-

Filed FEB 9 - 1925 192 ROBERT R. KRAMER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1925 to Feb. 6, 1925

that I last saw him alive on Feb. 5, 1925

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) George A Kumpp M. D.

. 19 (Address) 1002 W. Lanvale St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Feby 9, 1925

20-UNDERTAKER. Chas. G. Black — ADDRESS 742 Worthington

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERMANENT RECORD.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95002

CERTIFICATE OF DEATH.

X129 D 95002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 N. Central Ave ST., 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Brown

(a) RESIDENCE No. 433 N. Central Ave ST., WARD Balt (Md)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Sandy Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ruthie Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Mrs. R.A. Elliott
(Address) 1725 Ashland Ave

15 Filed 192 ROBERT R. KRAUTER, Registrar
FEB 9 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7-25 '92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chronic Nephritis

(Dropsical-Cesaerin Section 1yr ago)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S Rollins, M. D.
(Coroner.)

2-9-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem — DATE OF BURIAL Feb 9 1925

20 UNDERTAKER Mrs R A Elliott — ADDRESS 1725 Ashland Ave

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95003

CERTIFICATE OF DEATH.

179 D 95003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Rowlett

(a) RESIDENCE NO. 1025 N. Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): Feb 28 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Samuel Rowlett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Nannie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Samuel Rowlett
(Address): ~~1025 N. Durham St~~

15 Filed FEB 9 - 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns over body & face- clothing caught fire from candle.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Owen, M. D. (Coroner.)

2-9-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cem	Feb 9 1925
20 UNDERTAKER: mr R A Elliott	ADDRESS: 1725 Ashland Ave

CAUSE OF DEATH should be stated EXACTLY. Every item of information should be supplied. AGE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95004

CERTIFICATE OF DEATH.

100-B 95004

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1223 N. Gilmor St., 16-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Earnest Sellman

(Residence in Baltimore: No. 1223 N. Gilmor St. St.; yrs. 8 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word)
male	colored	single

6-DATE OF BIRTH. May 7, 1924
(Month) (Day) (Year)

7-AGE. yrs. 8 mos. 30 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None (Infant)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. James Sellman

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Hilda Heuser

13-BIRTHPLACE OF MOTHER. (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hilda Sellman

(Address) 1223 N. Gilmor St.

15- FEB 9 - 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. Feb. 6, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and (from the evidence obtained by said inquest (Inquest, autopsy or inquiry)) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.
(Coroner)

Feb. 6, 1925 (Address) 200 Madison Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death. yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. Mt. Auburn DATE OF BURIAL. Feb. 9th 1925

20-UNDERTAKER. Clarence E. Wright ADDRESS 3644 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95005 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 95005

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay view Hosp. ST., 4th B. WARD)

2-FULL NAME Mildred Scott

(a) RESIDENCE No. 312 N. Pine St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leon Scott

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Moses Cann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charity Bunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Leon Scott

(Address) 312 N. Pine st.

15 Filed FEB 9 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 1924, to Feb. 7th, 1925.

that I last saw her alive on Feb. 7th, 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? X-ray

(Signed) L. B. Whalley M. D.

, 19 (Address) Bay view Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tolchester, Md.	Feb. 10, 1925
20 UNDERTAKER	ADDRESS 322
Mrs. Katie R. Williams	N. Schroeder st

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95006

CERTIFICATE OF DEATH.

101-001 D 95006

1-PLACE OF DEATH U.S. Marine Hospital No 1 Baltimore, Md.

CITY OF BALTIMORE: (NO. ..... ST., 37 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lee

(a) RESIDENCE NO. 405 South Dallas St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. Under 1 da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman Steward
(b) General nature of industry, business, or establishment in which employed (or employer) Cook
(c) Name of employer Schooner F.B. Kohler

9 BIRTHPLACE (city or town) ..... (State or country) W. Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Dorothy Williams Lee (Address) 624 N. Edwards St.

FEB 8 - 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1925, to Feb 5, 1925, that I last saw him alive on Feb 5, 1925, and that death occurred, on the date stated above, at 7.45 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

Contributory (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

Uncertain yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Coroner J. Morrissey

18 Where was disease contracted if not at place of death? Aboard ship

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical findings and Laboratory B.T.C.

(Signed) J. Shanks M.D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL Feb. 9, 1925

20 UNDERTAKER Mrs J. G. Locks

ADDRESS 1302 Jefferson

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95007

CERTIFICATE OF DEATH.

113 D 95007

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 21-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Rogers

(a) Residence No. 2129 W. Lexington St City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 25, 1924

7-AGE. yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Rogers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Minnie Pepping

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs Frank Gallagher

(Address) 2219 W. Lexington St

15- FEB 9 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-7-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1925 to Feb 7 1925 that I last saw h alive on Feb 7 1925 and that death occurred, on the date stated above, at 5:15 P m. The CAUSE OF DEATH* was as follows:

Acute gastro Enteritis

(Duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. Austin Pearre, M. D.

, 19 (Address) Union Mem. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Feb 9th, 1925

20-UNDERTAKER, F. B. Weyant ADDRESS 850 N. Eutaw St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95008

CERTIFICATE OF DEATH.

D 95008

161-002

1-PLACE OF DEATH West Balto General Hospital REGISTERED NO. 936

CITY OF BALTIMORE: (No. Raynor ave and Dukeland St WARD) 16-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Betty Woods

(a) RESIDENCE NO. 2866 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. — mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 ~~Single, Married, Widowed, or Divorced~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 6th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	—	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (City or town) West Balto Gen. Hospital (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Arthur L. Woods, 23

11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country) Md.

12 MAIDEN NAME OF MOTHER Edna Adams, 17

13 BIRTHPLACE OF MOTHER (city or town) Lockhaven (State or country) Pa

14 Informant (Address) A. L. Woods 2866 W. Lanvale St

15 Filed FEB 9 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 , 1925 to Feb 8 , 1925.

that I last saw h alive on 3 am , 1925.

and that death occurred, on the date stated above, at 3:20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Clement P. Mowe , M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery | DATE OF BURIAL Feb 9 1925

20 UNDERTAKER F. B. Wisner ADDRESS 850 W. Balto St

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 D 95009

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 McHenry ST., 19-2 WARD)

2-FULL NAME Annie Zimmerback

(a) RESIDENCE NO. 1312 McHenry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Zimmerback

6 DATE OF BIRTH (month, day, and year): Dec 23 1857

7 AGE: Years 73 Months 7 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: James Buttrack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Antiques Zimmerback

(Address) 1312 McHenry St.

FEB 9 1925

Filed , 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/7/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/1/ 1925, to 2/7/ 1925.

that I last saw her alive on 2/7/ 1925

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Bronchitis

Hypertension

Duration unknown

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 1 day yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Burnett Terry, M. D.

2/8 1925 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Brooklyn) DATE OF BURIAL: 2/10 1925

20 UNDERTAKER: M. Cook ADDRESS: 502 E Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec–12-23-21–E.B.R.S.–400 Blks.

D 95010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2-11-002

D 95010

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1723 Lancaster Street St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Kmieciak

(a) Residence No. 1723 Lancaster Street St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank. Kmieciak

6-DATE OF BIRTH (month, day and year) Nov. 20 1879

7-AGE. 45 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

037

9-BIRTHPLACE (city or town). Baltimore (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Peter . Wachowiak

11-BIRTHPLACE OF FATHER (city or town). Poland (State or Country).

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). Poland (State or Country).

14- (Informant) Mr. Frank Kmieciak Husband
(Address) 1723 Lancaster Street

15- Filed FEB 9 1925, 19.. ROBERT A. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 6 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 7 1924 to Feb 6 1925

that I last saw h. alive on Feb 6 1925

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

1st acute nephritis

following La Grippe —

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma —

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Jas C Brawley M. D.

, 19 (Address) 12-5 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Feb. 9, 1925

20-UNDERTAKER: John Radeber ADDRESS 803 Bank St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

Clark Holmes

D 95011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95011

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Woodyear ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clark Holmes

(a) RESIDENCE NO. 1004 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Elizabeth Holmes

6 DATE OF BIRTH (month, day, and year) May 4, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone-mason

(b) General nature of industry, business, or establishment in which employed (or employer) 075

(c) Name of employer United Rail Ways

9 BIRTHPLACE (city or town) (State or country) Chattanooga Tenn.

PARENTS

10 NAME OF FATHER Isaac Holmes

11 BIRTHPLACE OF FATHER (city or town) Chattanooga (State or country) Tenn.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Chattanooga (State or country) Tenn

14 Informant Elizabeth Holmes

(Address)

~~ROBERT N. KROUTER,~~ Registrar

FEB 9 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1924, to Feb. 7, 1925.

that I last saw h[illegible] alive on Feb. 7, 1925.

and that death occurred, on the date stated above, at 3:55a. m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Asp. pleurisy

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 2/10 1925

20 UNDERTAKER Mrs Geo H Hooper

ADDRESS 406 Cathedral

2C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

15-4

D 95012

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Springdale Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Lemkul

(a) RESIDENCE NO. 3622 Springdale Ave ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? 79 yrs. 6 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie F Lemkul

6 DATE OF BIRTH (month, day, and year) April 9 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Lemkul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Chas. H. Lemkul
(Address) 4100 Fernhill Avenue

15 Filed FEB 9 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-28, 1925, to 2-6, 1925,

that I last saw h[illegible] alive on 2-6, 1925,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Adema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carlos McFetridge, M. D.

2/7, 1925 (Address) 2806 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cemetery — DATE OF BURIAL: Feb-9-25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95013

CERTIFICATE OF DEATH. 1 13 31

D 95013

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Selwin Smith

(a) RESIDENCE NO. 1347 Caldwell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Isaiah Smith

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Emma Harris

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant (Address) Bay View Hosp records

Filed FEB 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/25

17

I HEREBY CERTIFY, That I attended deceased from 10/29, 1924, to 2/7, 1925.

that I last saw h[illegible] alive on 2/7/, 1925

and that death occurred, on the date stated above, at 2 20 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary Left

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis Pleurisy Left

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Amos L. Jensen, M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Feb 11 1925
20 UNDERTAKER	ADDRESS
Hitz Bruns & Son	Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95014

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95014

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 E Oliver ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Hall

(a) RESIDENCE NO. 2013 E. Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 11 mos. ds. 29 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
~~Female~~	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Melville A. Hall

6 DATE OF BIRTH (month, day, and year) July 9, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William M Williamson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary London

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Melville A. Hall (Address) 2013 E. Oliver St

15 Filed FEB 9 - 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1924, to July 7, 1925; that I last saw her alive on July 7, 1925; and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Edema of Leg

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm. J. Schultz, M. D.

July 9, 1925 (Address) 701 Hendrix Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL July 10 1925

20 UNDERTAKER John B Spence — ADDRESS 1325 N Caroline St

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95015

CERTIFICATE OF DEATH.

20-5-49 D 95015

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 324 S. Monroe ST., (20-5-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget M. Quaid

(a) RESIDENCE No. 324 S. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of ~~or~~ WIFE of the late Patrick Quaid

6 DATE OF BIRTH (month, day, and year) July 8 - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Quaid

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs M. Flanty

(Address) 512 S. Payson St

15 Filed ....19.... ROBERT R. KRAUTER, Burial Permit Clerk

FEB 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1924, 19...., to Feb 8, 19 25

that I last saw h alive on Feb 7, 19 25

and that death occurred, on the date stated above, at 2.10 m.

The CAUSE OF DEATH* was as follows:

Toxemia

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cancer Face + Jaw Left

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M. D.

2/9, 1925 (Address) 807 N Wolf St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Feby 10 1925

20 UNDERTAKER Robt J Kenney Inc

ADDRESS 14 N. Howard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 95016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003

D 95016

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hos ST., 3-2 WARD)

2-FULL NAME Samuell Klavansky

(a) RESIDENCE NO. 125 S. Bond st ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	m	married

5a If married, widowed, or divorced (husband) of (or) WIFE of Annie Klavansky

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Shie Klavansky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Frank T Cline

(Address) Rock Hall Md

FEB 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound & communated fracture of humerus- auto-truck accident on Jan 24-25

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Probable Septicemia (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Collins, M. D. (Coroner.)

2-9-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lew Rosedale — DATE OF BURIAL 2-9- 1925

20 UNDERTAKER Jas T Lewis, 1439 E Balto — ADDRESS

IMPORTANT: AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Moses H. Kempton (Nerone W. Kempton)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95017

100-00

CERTIFICATE OF DEATH.

D 95017

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Pennington St.: 13-E WARD

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nerone H Kempton

(Residence in Baltimore: No. 924 Pennington Ave St.: 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Jan 1 (Month) 15 (Day), 1855 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Moses Kempton

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Maria Louise Bird

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Brown

(Address) 924 Pennington Ave

15-

FEB 9-1925 191 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 7 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1925, to Feb 7 1925

that I saw h[illegible] alive on Feb. 7 1925

and that death occurred, on the date stated above, at 7.10 P.M.

The CAUSE OF DEATH* was as follows:

Acute Emphysema

(Duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) Jno. Thompson M. D.

Feb. 8, 1925. (Address) 700 N Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, Feb. 10, 1925.

20-UNDERTAKER George J Smith

ADDRESS 1534 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95018 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95018

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 S. Catharine St. 2W-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Lorain Leishear

(a) RESIDENCE NO. 300 S. Catharine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude T. Leishear

6 DATE OF BIRTH (month, day, and year) May 6 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer 057

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Albert Leishear

11 BIRTHPLACE OF FATHER (city or town) Balto Co, (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice R. Colein

13 BIRTHPLACE OF MOTHER (city or town) Balto, (State or country) Md.

14 Informant Alice R. Leishear
(Address) 300 S. Catharine St.

15 FEB 9 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb - 8 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov-13-, 1924, to Febrnary 8, 1925, that I last saw him alive on February 7, 1925, and that death occurred, on the date stated above, at 7:15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) NO yrs. 2 mos. 26 ds.

CONTRIBUTORY (Secondary) none (duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death? Monroe St.

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Chester Riland, M. D.

2-8, 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 11 1925
20 UNDERTAKER George J. Smith	ADDRESS 1130 Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95019

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 Liberty Heights Ave ST. 6-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Glass

(a) RESIDENCE NO. 2517 Liberty Heights Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel Glass

6 DATE OF BIRTH (month, day, and year): Jany 24, 1852

7 AGE — Years: 73 — Months: — — Days: 16

If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Cantor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Abraham Glass

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Rachel Glass

(Address) 2512 Liberty Heights Ave

FEB 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1921, to Feb 8th, 1925, that I last saw h[e] alive on Feb 8th, 1925, and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myo Carditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Abscess

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrams, M. D.

Feb. 1925 (Address) 1360 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. DATE OF BURIAL: 2/11/1925

20 UNDERTAKER: David Sondheim ADDRESS: 1122 Druid Hill Ave. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FILMED

Spec.—1-10-21—M&T—1500 Bks.

17 8/18 D 95020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95020

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 13-6 WARD)

2-FULL NAME Frances Bass

(a) RESIDENCE NO. 2236 Linden Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry J Bass

6 DATE OF BIRTH (month, day, and year) Nov 28-1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Burg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

FEB 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1925 to Feb 9 - 1925.

that I last saw him alive on Feb 9 - 1925

and that death occurred, on the date stated above, at 9:00 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

Cerebello Pontine Angle Right Side

(duration) 4 yrs. + mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb 4, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Fabian D Hart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cy — DATE OF BURIAL 2/11 1925

20 UNDERTAKER David Londheim — ADDRESS 1184 W. Mo Bozalla

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

S.A.F. ETY

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95021

CERTIFICATE OF DEATH.

45

D 95021

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 W. North Ave 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James R Sunderland

(a) RESIDENCE No. 2505 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth O Sunderland

6 DATE OF BIRTH (month, day, and year): Apr 13, 1864.

7 AGE: Years 60 Months 9 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10 NAME OF FATHER: Wm E. Sunderland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie E. Dove

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Jas. E. Sunderland

(Address) 2505 W. North Ave

FEB 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1925.

17

I HEREBY CERTIFY, That I attended deceased from May 21- 1925, to Feb 7 1925.

that I last saw him alive on Feb 6 1925,

and that death occurred, on the date stated above, at 2.35 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Duodenum

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Duodenum

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Physical Exam.

What test confirmed diagnosis? Xray + Stomach Analysis

(Signed) Gw Billings, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Feb. 9 1925

20 UNDERTAKER: Wm J Ruckert Sons

ADDRESS: North St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

COPY

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95022

CERTIFICATE OF DEATH.

24 D 95022

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. Little Isles of Dr. St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Catherine O'Krupe

(a) Residence No. Preston & Caroline St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) Widow

5a-~~If married, widowed, or divorced~~, ~~HUSBAND of (or)~~ WIFE of Daniel O'Krupe

6-DATE OF BIRTH (month, day and year)

7-AGE, 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Fahey

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Charlotte Lynch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-

(Informant) Esther Florence

(Address) Preston & Caroline

FEB 9 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 8 1925

17- I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...

that I last saw h.. alive on Feb 8, 19 25

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Warner, M. D.

2/25, 19 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Wildwood Cem. DATE OF BURIAL, 2/9/25, 19...

20-UNDERTAKER. H C Wardlaw ADDRESS 914 Fremont Av.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. Exact statement of OCCUPATION is very important.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95023

CERTIFICATE OF DEATH.

D 95023

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Eastern Ave & 11th St., 7-3 WARD) 196

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L Marshall

(a) RESIDENCE No. 2904 E Monument ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E Marshall

6 DATE OF BIRTH (month, day, and year) Jan 6 1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sub Station Electric
(b) General nature of industry, business, or establishment in which employed (or employer) operator
(c) Name of employer Crown Cork & Seal Co

9 BIRTHPLACE (city or town) ..... (State or country) Maryland

PARENTS

10 NAME OF FATHER Nicholas Marshall

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine Kirby

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant Catherine E Marshall
(Address) 2904 E Monument St

15 Filed FEB 9 1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Electrocuted while at work at Crown Cork & Seal Co plant; Accident
(duration) Instantaneous mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) James McCurdy, M. D.
(Coroner.)
Feb 9, 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	2/10 1925
20 UNDERTAKER Berkley Geisler	ADDRESS 1739 Eager

FEB 9 1925

MAGE should be carefully supplied. AGE
CAUSE OF DEATH in plain terms, so that it
TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95024

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95024

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 4-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jackson

(a) RESIDENCE NO. 717 W. Saratoga St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Cond.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hospital Record

(Address)

15 FEB 9 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/25

17

I HEREBY CERTIFY, That I attended deceased from 1/31/25, 19.., to 2/8/25, 19.., that I last saw h.. alive on 2/8/25, 19.., and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood & Autopsy

(Signed) K. W. Barclay M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery DATE OF BURIAL Feb. 11 1925

20 UNDERTAKER Mack G. Elliott ADDRESS 1725 Ashland Ave

WARNING—THIS IS A PERMANENT RECORD. Every item must be carefully supplied. PHYSICIAN'S NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be stated EXACTLY. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95025

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95025

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH 738 N. Kenwood Ave 7-3 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anton Klement

(a) RESIDENCE NO. 738 N. Kenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Klement (Deceased)

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

PARENTS

10 NAME OF FATHER Anton Klement

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czecho-Slovakia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czecho-Slovakia

14 Informant Daughter (Mary Zitnicki)

(Address) 738 N. Kenwood Ave.

15 FEB 9 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6 1925 to Feb. 8 1925.

that I last saw him alive on Feb 8 1925.

and that death occurred, on the date stated above, at 11:50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension myocarditis arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Sobital, M. D.

, 19 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 11 1925
20 UNDERTAKER	ADDRESS
Frank E. Roche & Son	1906 Eastern Ave

MARRIAGE RECORD—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Kalista)

D 95026

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95026

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 27-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norbert Kalista

(a) Residence No. 511 Cunneslie Road St., Govans, Md Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 6, 1923

7-AGE. 1 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph M. Kalista

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Florence Zeisenhoffer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Father (above)
(Address).....

15- Filed FEB 9 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 8, 19 25 to Feb 9 19 25
that I last saw him alive on Feb 9 19 25
and that death occurred, on the date stated above, at 2:00 A. m.
The CAUSE OF DEATH* was as follows:

Whooping cough.-

Ok. Coroner J. J. Stowell

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Edwin B. Lastly M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Oak Lawn — DATE OF BURIAL, Feb 10 1925

20-UNDERTAKER, Frank E. Enoch & Son — ADDRESS 1906 Eutaw

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95027

CERTIFICATE OF DEATH.

D 95027

47

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland ST., 16-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Michael Dresback

(a) RESIDENCE No. 1107 Harlem Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Marie Dresback

6 DATE OF BIRTH (month, day, and year) March 19 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Property man in Maryland Theatre

(b) General nature of industry, business, or establishment in which employed (or employer) Theater 086

(c) Name of employer Maryland Theatre

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Dresback

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Patient
(Address)

15 Filed FEB 9-1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1925

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1925, to February 6, 1925, that I last saw him alive on Feb. 6, 1925, and that death occurred, on the date stated above, at 4.20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray Clinical and Laboratory findings

(Signed) Clement B. Monroe, M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 2-10-1925

20 UNDERTAKER H C Brauning Son — ADDRESS 517 N Schroeder St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95028 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital Registered No.

City of BALTIMORE: (No. 33rd Street at Calvert 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Mary Goldbloom

(a) Residence No. 913 S. Charles St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 17, 1905

7-AGE. 19 yrs. 7 mos. 10 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Maurice Goldbloom

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Sarah Stone

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-Informant) Mother (Sarah Goldbloom: (Address) (above) 913 S. Charles

FEB 10 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 9, 1925

17-I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1925 to Feb. 9, 1925

that I last saw her alive on Feb. 9, 1925

and that death occurred, on the date stated above, at 7:12 A m.

The CAUSE OF DEATH* was as follows:

Septicemia

Streptococcus Viridans

about (Duration) yrs. 6½ mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Elwin B. Jarrett M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Rehren Herrn Rd DATE OF BURIAL, 2/10 19 25

20-UNDERTAKER Jack Levis ADDRESS 1439 E Balt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95029

D 95029

CERTIFICATE OF DEATH.

6-331

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 N. Kenwood Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Grafton H. Ray

(a) Residence No. 406 N. Kenwood Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothea Ray

6-DATE OF BIRTH (month, day and year) Jan 19, 1889

7-AGE. 36 yrs. mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Chief Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) American Can Co.

(c) Name of employer.....

9-BIRTHPLACE (city or town). Balto
(State or Country). Md.

PARENTS.

10-NAME OF FATHER. Alfred P. Ray

11-BIRTHPLACE OF FATHER (city or town). Balto
(State or Country). Md.

12-MAIDEN NAME OF MOTHER. Catherine Wahl

13-BIRTHPLACE OF MOTHER (city or town). Balto
(State or Country). Md.

14-(Informant). Dorothea Ray
(Address). 406 N. Kenwood Ave

15-Filed FEB 10 1925 192

ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 26, 1924 to February 6, 1925

that I last saw him alive on February 6, 1925

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
Laryngeal Tuberculosis
? Laryngeal Tuberculosis.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? Baltimore dist of Pul. Tb.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X-Ray - Sputum - Thyroid.

(Signed) Louis F. Krauss M. D.

, 19 (Address) 722 N. Kenwood Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	Feb. 10, 1925
20-UNDERTAKER. H. Sander Sons	ADDRESS 1710 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95030

CERTIFICATE OF DEATH.

31

D 95030

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S Eurley ST., 1-3 WARD)

2-FULL NAME Margaretta Neusslein.

(a) RESIDENCE NO. 916 S Eurley St. ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Neusslein

6 DATE OF BIRTH (month, day, and year) Aug 26th 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	42	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Regenhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Kunigunda Koerbelb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria.

14 Informant William Neusslein. (Address) 916 S. Eurley St.

15 Filed FEB 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th 1925

17

I HEREBY CERTIFY, That I attended deceased from February 5, 1925, to February 7, 1925, that I last saw her alive on Feb. 7, 1925, and that death occurred, on the date stated above, at 6 20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) D. B. Bromberg, M. D.

2-7-1925 (Address) 3037 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Feb 11th 1925

20 UNDERTAKER: Lilly + Geiler — ADDRESS: 420 S. Mo...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

95031 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95031

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD 8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Stricker

(a) RESIDENCE NO. 401 E. 12th ST. 16 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Stricker

6 DATE OF BIRTH (month, day, and year) June 2, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungaria

PARENTS

10 NAME OF FATHER Michael Asher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungaria

12 MAIDEN NAME OF MOTHER Elizabeth Blum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungaria

14 Informant Lena Stricker

(Address) 401 E-12-St

15

FEB 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1924, to Feb. 5, 1925,

that I last saw h alive on Feb. 5, 1925

and that death occurred, on the date stated above, at 8:40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

Chronic Myocarditis.

Chronic Diffuse Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Compton M. D.

(Address) 1111 Cathedral, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Feb 10th 1925

20 UNDERTAKER Lilly - Zeiler

ADDRESS 408 S. Wolfe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95032

CERTIFICATE OF DEATH.

90

D 95032

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bell Johnson

(Residence in Baltimore: No. 584 Presstman St.; 3 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 9, 1858 (Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housemaker 969

9-BIRTHPLACE, (State or Country), Missouri

PARENTS.

10-NAME OF FATHER. James Johnson

11-BIRTHPLACE OF FATHER (State or Country). Missouri

12-MAIDEN NAME OF MOTHER Maria Garrett

13-BIRTHPLACE OF MOTHER (State or Country). Missouri

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Jn. Jnaphey

(Address) 584 Presstman St

15- FEB 10 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1925, to Feb 8 1925, that I saw h[illegible] alive on Feb 8 1925, and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 2 ds.

(Signed) J. H. Hughes M. D.

Feb 9, 1925 (Address) 1413 D. Hill Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 584 Presstman St

Former or usual residence Same

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, 2-10-25

20-UNDERTAKER Helen A. Holland ADDRESS 1631 Druid Hill Ave

Cor.—1-12-23—M&T—100 Bks.

D 95033

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95033

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Frederick St., 23-2 WARD)

REGISTERED NO. 001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Gerbrick

(a) RESIDENCE No 1628 Light ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Stemmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm H. Gerbrick
(Address) 1628 Light St.

15 Filed FEB 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to Her death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

1 (duration) yrs. mos. ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds

(Signed) Thos. B. Horton M. D.
(Coroner)
Feb 8th, 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	2/10 1925
20 UNDERTAKER J. Frew McCully	ADDRESS 130 E. Fort

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95034 38 094 95034 129 D 95034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 24-3 ST., WARD)

2-FULL NAME Charles Bud

(a) RESIDENCE NO. 1447 Towson ST., St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amelia Bud

6 DATE OF BIRTH (month, day, and year) June 19-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	51	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Work

(b) General nature of industry, business, or establishment in which employed (or employer) — 079

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Bud

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 (Informant) Records (Address) JOHNS HOPKINS HOSPITAL

15 FEB 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 31, 1925 to February 8 1925, that I last saw h in alive on February 8, 1925 and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardiovascular disease,
Chronic nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) ? Central thrombosis (Neg
+ uremia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Renal test

(Signed) Chas. H. Cunningham, M. D.

2/9/25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	2/11 1925
20 UNDERTAKER	ADDRESS
J. Few McCully	130 E Ft

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95035
1-PLACE OF DEATH

-101 D 95035
REGISTERED NO.

CITY OF BALTIMORE: (No. 319 Patapsco St. Westport WARD) 25-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Warren E. Landes

(a) RESIDENCE. No. 319 Patapsco St Westport St. WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Landes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rose Lloyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant John Landes
(Address) 319 Patapsco St Westport

15 Filed ..., 19.... ROBERT R. KRAUTER,
FEB 10 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1925 to Feb. 9 1925

that I last saw him alive on ..., 19....

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) two yrs. one mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Raymond D. Hearn M. D.

(Address) Parkville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Feb 10 1925

20 UNDERTAKER Nelson E. Stiles

ADDRESS 500 Md Ave Westport

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EACH item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

pec—12-23-21—E.B.R.S.—400 Bks.

D 95036

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95036

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hospital

City of BALTIMORE: (No. Lombard & Green St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Earl Heilman

(a) Residence No. 62 Willow Spring Rd. Dundalk Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 29 1840

7-AGE. 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 640

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, J. T. Heilman

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Rosanna Klingelschmidt

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Pa

14- (Informant)..... William J. Heilman

(Address)..... 3rd Shipway Dundalk

15- FEB 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 8-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925 to Feb 7, 1925

that I last saw him alive on Feb 7, 1925,

and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Addison's Disease.

T.B. Suprarenal Glands, T.B. Spine

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) 15 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings

(Signed) M. Hyland M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Feb. 10th 1925

20-UNDERTAKER, Lilly & Zeiler ADDRESS 403 S. Wolfe St.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95037

CERTIFICATE OF DEATH.

188-003 D 95037

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 9-2 WARD)

2-FULL NAME Caroline E. Goeb

(a) RESIDENCE NO. 2727 Tivoly Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Valentine Goeb

6 DATE OF BIRTH (month, day, and year) June 19-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles W. Klepper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Schoenewald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Goeb
(Address) 2727 Tivoly Ave

Filed FEB 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Automobile accident -Struck by

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Jos. K. Adler, M. D.
(Coroner.)

2-10-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL Feb. 11 1925

20 UNDERTAKER Lilly & Fiske ADDRESS 403 S. Wolfe St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 95038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

74 D 95038

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12th Ave + 28th Extended ST., Pimlico 26-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen M Lucas

(a) RESIDENCE No. 12 Ave + 28th Extended ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin H Lucas

6 DATE OF BIRTH (month, day, and year) Oct 31st 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Trenton N J.

PARENTS

10 NAME OF FATHER Matthew Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edwin H Lucas
(Address) 12 Ave & 28th

15 FEB 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy (2nd attack)

(duration) yrs. mos 2 Hrs

CONTRIBUTORY (Secondary) Arteriosclerosis

Probably Nephritis duration yrs. 8 mos. ds.

(Signed) James M Kenton, M. D.
(Coroner.)

Feb 8, 1925 (Address) 708 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Feb. 11 1925
20 UNDERTAKER Lilly & Fiske	ADDRESS 403 S. Wolfe St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95039

CERTIFICATE OF DEATH.

D 95039

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 475 S. 14th St. St., 76-6 90 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Christopher Ebert

(a) Residence No. 475 S. 14th St. St., 76 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Ebert.

6-DATE OF BIRTH (month, day and year) Nov. 26-1851

7-AGE, 73 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Michael Ebert.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Anna Flury

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Catherine Ebert. (Address) 475 S. 14th St.

15- FEB 10 1925 ROBERT N. KNOTTEN Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 8-1925

17- I HEREBY CERTIFY, That I attended deceased from 12-3 19 25 to Feby 8 19 25

that I last saw h.. alive on Feby 8 19 25

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Franck M. D.

2/10, 19 25 (Address) 1939 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Sacred Heart Cem. DATE OF BURIAL, Feb. 12 1925

20-UNDERTAKER, Lilly & Zeiler ADDRESS 403 S. Wolfe St.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95040

CERTIFICATE OF DEATH.

90 B 95040

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2534 Greenmount Ave ST., 12th WARD)

2-FULL NAME Theresa Klaser

(a) RESIDENCE NO. 2534 Greenmount Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter F. Klaser

6 DATE OF BIRTH (month, day, and year) Nov 13. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	2	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10 NAME OF FATHER Leo Mindel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Peter F. Klaser
(Address) 2534 Greenmount Ave

15 FEB 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by me/my Inquest find that said deceased came to ... death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH was as follows: Valvular disease of heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Mowry M. D.
(Coroner.)

Feb 9, 1925 (Address) 3632 Roland Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2/10 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fort Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95041

CERTIFICATE OF DEATH.

90 D 95041

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Ohanian

(a) RESIDENCE NO. 418 N. Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 20 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Philip Ordman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mollie Ordman

(Address) 418 N Ann st

15 FEB 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 3, 1925, to Feb 9, 1925, that I last saw h[illegible] alive on Feb 4, 1925 and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sa. M. Frukling, M. D.

2/10/1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 2/10 1925

20 UNDERTAKER Sol Simson & Bro

ADDRESS 121 E Balto st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

95042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+38 D 95042

1-PLACE OF DEATH

CITY OF BALTIMORE (No. U.S. Marine Hospital N. ... St. 12-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fernandez

(a) RESIDENCE No. Delagoa Bay, Africa ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? 0 yrs. 5 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	Unknown	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work seaman

(b) General nature of industry, business, or establishment in which employed (or employer) sailor

(c) Name of employer S/S Paulsboro

9 BIRTHPLACE (city or town) Delagoa Bay (State or country) Africa

PARENTS

10 NAME OF FATHER Ed Fernandez

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant himself (Address)

15 FEB 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1924, to Feb 8, 1925, that I last saw him alive on Feb 8, 1925, and that death occurred, on the date stated above, at 3 20 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Chronic Pulmonary

(duration) 0 yrs. 5 mos. 4 ds.

CONTRIBUTORY (Secondary) Syphilis Tertiary

(duration) 0 yrs. 6 mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical and laboratory

(Signed) D.J. Fraher M. D.

Feb 4, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 2/10 1925

20 UNDERTAKER S. Levinson & Bro — ADDRESS 1127 E Baltimore st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95043

CERTIFICATE OF DEATH.

Westport 23-1 5-159-002 D 95043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 Patapsco ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Christopher

(a) RESIDENCE NO. 235 Patapsco ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 5 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER John L. Christopher

11 BIRTHPLACE OF FATHER (city or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Naoma McMenamee

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant John L. Christopher

(Address) 235 Patapsco St.

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

FEB 10 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1925, to Feb 9, 1925, that I last saw h[illegible] alive on Feb 9 25, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Failure of Pneumonia, Acute & Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hilbert Lord Brant, M. D.

(Address) 1 West Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Feb 10 25
20 UNDERTAKER	ADDRESS
Wm J Tuckwell Sons	Norbert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS STATEMENT RECORDED EXACTLY. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95044

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95044

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 1111 N. Rutland Ave St., 8-4 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie V. Turner

(a) Residence No. 1111 N Rutland ave St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of the late Harry st. Turner

6-DATE OF BIRTH (month, day and year) June 13 1886

7-AGE. 38 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, William D Mahoney

11-BIRTHPLACE OF FATHER (city or town)..Ireland (State or Country),

12-MAIDEN NAME OF MOTHER, Tillie Cook

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

11 (Informant) Wm William D Mahoney

(Address)..1111 N. Rutland Av

15- FEB 10 1925 ROBERT N. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 9 1925

17- I HEREBY CERTIFY, That I attended deceased from Febr. 4 1925 to Febr. 9 1925, that I last saw h.. alive on Febr. 8 1925 and that death occurred, on the date stated above, at 8 25 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration)..yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration)..yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles A. Meyer M. D.

2/9, 1925 (Address) 1033 N. Carrollline st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Febry 11, 1925

20-UNDERTAKER, Henry Horch Sons — ADDRESS 1301 E. Eager St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

95045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 95045

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 126 Richmond ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Fagan Green

(a) RESIDENCE NO. 126 Richmond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 8th 1925

7 AGE: Years — Months 1 — Days 0 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Dorsie Peter Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Warrenton N. C.

12 MAIDEN NAME OF MOTHER: Jessie Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charlotte Co Va

14 Informant: Mrs. Jessie Green (Address) 126 Richmond Va

15 Filed FEB 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1925, to Feb 8th, 1925, that I last saw h e alive on Feb 8th 1925 and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

Acute Congestive Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test-confirmed diagnosis? None

(Signed) A. Seidel M. D.

2-9, 1925 (Address) 1724 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 10 1925

20 UNDERTAKER: Samuel M. Chase Sons — ADDRESS: 1408 N Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE sh CAUSE OF DEATH in plain terms, so that it m TION is very important. See instructions on b GE should be stated EXACTLY. PHYSICIANS should state at it may be properly classified. Exact statement of OCCUPA- s on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bk.

95046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE (No. 431 S Chester St., 1-1 Ward)

Registered No. D 95046

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maryanna Gutowski

(a) Residence No. 431 S Chester St., Ward

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of [illegible] Boleslaw Gutowski

6-DATE OF BIRTH (month, day and year) 1892

7-AGE. 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Work

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Paul Bogalski

11-BIRTHPLACE OF FATHER (City or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (City or town) (State or Country). Poland

14-

(Informant). James Gutowski

(Address). 431 S. Chester St

FEB 10 1925

15- ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1925 to Feb. 8, 1925

that I last saw h[illegible] alive on Feb 8, 1925

and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis 6 Days

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C.S.S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 2627 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL. Feb 11 1925

20-UNDERTAKER. J. W. Ozgowski

ADDRESS. 1980 Eastern Ave

should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. See instructions on back of certificates.

Reported EXACTLY. PHYSICIANS should state CAUSE OF DEATH Specified. Exact statement of OCCUPATION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 95047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-2 179

D 95047

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3532 Edmondson Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Hausman

(a) RESIDENCE NO. 3532 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Hausman

6 DATE OF BIRTH (month, day, and year): April 21-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: C [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant: Harry Schwab

(Address) 3532 Edmondson Ave

15 Filed FEB 10 1925 ROBERT R. KRAUTER, Registrar

Marital Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1 1924 to Feb 8 1925.

that I last saw her alive on Feb. 7 1925.

and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

" Endocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Tests.

(Signed) J M Clark M. D.

(Address) 624 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	2/ 1925
20 UNDERTAKER	ADDRESS
Wm Gluckner & Sons	Walbrook

N. B.—WRITE PLAINLY, WITH INDELIBLE INK. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 D 95048

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard + Greene ST., 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman W. Bergner

(a) RESIDENCE NO. 2644 Frederick Avenue ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Walter Bergner

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Nettie Skarius

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Walter Bergner
(Address) 2644 Fredk. Ave.

FEB 10 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8. 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 31. , 1925. to Feb. 8 , 1925.

that I last saw him alive on Feb. 8 , 1925.

and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebellar tumor

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Compression

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? Yes Date of Feb. 6. 1925

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy findings.

(Signed) Edwards. M. D.

, 19 (Address) University Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem: — DATE OF BURIAL Feb: 11. 1925

20 UNDERTAKER Chas W. Dill — ADDRESS 3109 Frdk: Ave:

N. B.—WRITE LEGIBLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95049

CERTIFICATE OF DEATH.

90 D 95049

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 Mc Culloh ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Manard.

(a) RESIDENCE NO. 1847 Mc Culloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 4/3/1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
8			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chick

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER William Manard

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Reid Fields

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. C.

14 Informant William Manard
(Address) 820 Mc Culloh St

15 Filed FEB 7 D 1925 ROBERT R. [illegible] Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 25

17

I HEREBY CERTIFY, That I attended deceased from Oct. 14th, 1924, to Feb. 7th, 1925, that I last saw h alive on Feb. 6th, 1925, and that death occurred, on the date stated above at 11 A.M.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

19 (Address) Stony Mead. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Feb 10 1925

20 UNDERTAKER George F. Ruth

ADDRESS 1235 Harford Ave.

N. B.—WRITE PLAINLY, with indelible pencil. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95050

CERTIFICATE OF DEATH.

8-1 118 D 95050

1-PLACE OF DEATH St Jos Hosp — Registered No.....

City of BALTIMORE: (No. Caroline & Eden ..... St., 8-1 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Hagner

(a) Residence No. 2903 Eadman Ave ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): April 23-1918

7-AGE: 7 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer: ...

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS:
10-NAME OF FATHER: Joseph Hagner
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto md
12-MAIDEN NAME OF MOTHER: Johanna Schafer
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto md

14-
(Informant): Joseph Hagner
(Address): 2903 Eadman ave

15-
FEB 10 1925
RUEBEN R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 9-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 26th 1925 to Feb 9th 1925, that I last saw h. alive on Feb 9th 1925, and that death occurred, on the date stated above, at 6:30 a m.
The CAUSE OF DEATH* was as follows:
Tuberculosis peritonei
(Duration) ... yrs ... mos. 3 ds.
CONTRIBUTORY (Secondary): Tuberculosis laryngis
(Duration) ... yrs. ... mos. 4 ds.

18-Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of Jan 27th
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) A B Syford M. D
, 19 (Address) St Jos Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemty — DATE OF BURIAL: Feb 12 1925

20-UNDERTAKER: Robt J Turner Sr — ADDRESS: 1392 E Broadway

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-23-21—E.B.R.S.—400 Bks.

95051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

199 D 95051

1-PLACE OF DEATH: FRANKLIN SQUARE HOSPITAL

City of BALTIMORE: (No. ..... Street ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Mattie Stevens

(a) Residence No. 14 E. Cross Street Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

O.K. Dr. Mackie Coroner Surrin Feb 10 25

Registered No. .....

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Stevens

6-DATE OF BIRTH (month, day and year): Dec 24-1904

7-AGE: 20 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Balto

PARENTS.

10-NAME OF FATHER: William Michael

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Ida Frank

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto

14-

(Informant): Emma Schendt

(Address): 16 E. Cross St

15-

Filed FEB 10 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 2-7-25

17- I HEREBY CERTIFY, That I attended deceased from 2-5- 1925 to 2-7- 1925

that I last saw h[illegible] alive on 2-7- 1925

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Self Induced Abortion

Puerperal Septicemia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) N. F. Parr M. D

2/8/ 1925 (Address) FRANKLIN SQUARE HOSPITAL

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Feb 11, 1925

20-UNDERTAKER: F. A. Krauss & Son ADDRESS 703 Hanover St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95052

CERTIFICATE OF DEATH.

D 95052

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 S. Curley ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna G. Emig

(a) RESIDENCE NO. 1 S. Curley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George O. Emig

6 DATE OF BIRTH (month, day, and year): 11/21 1863

7 AGE: Years 61; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Samuel Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Charlotte C Lanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. J.

14 Informant: George O. Emig

(Address) 1 S. Curley St

15 FEB 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925, to Feb 9, 1925; that I last saw her alive on Feb 9, 1925; and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Bernard Kelly, M. D.

2/10, 1925 (Address) 100 N Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 2/11 1925

20 UNDERTAKER: Albert L. Hilty Jr — ADDRESS: 1606 N. Chester St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95053

CERTIFICATE OF DEATH.

129 D 95053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. East Ave ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Bertlein

(a) RESIDENCE No. 28 S. East Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? 60 yrs. ~ mos. ~ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of late John Bertlein

6 DATE OF BIRTH (month, day, and year) Nov 2/47

7 AGE: Years 77 Months 3 Days 7 If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER John Rudel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jennie Heid

(Address): 28 S. East ave

FEB 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15 1924 to Feb 9 1925,

that I last saw h~~er~~ alive on Feb 9 1925,

and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 7 yrs. ~ mos ~ ds.

CONTRIBUTORY (Secondary) (Senility) (Senile)

(duration) 3. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Chemical Chemical

(Signed) Dr Fahnestock M. D.

2/20 1925 (Address) 3307 E Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL 2/12 1925

20 UNDERTAKER: Philip Henning ADDRESS 2016 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 D 95054

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Washington ST., 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Aquino

(a) RESIDENCE NO. 632 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 21/24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Domenick Aquino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Massmi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Domenick Aquino
(Address) 632 N. Washington St.

15 Filed FEB 10 1925, 19 ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to Feb 7, 1925, that I last saw h.. alive on Feb 7, 1925, and that death occurred, on the date stated above, at 10 15 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood count

(Signed) A. A. Weech, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	2/10 1925
20 UNDERTAKER Philip Henry	ADDRESS 2016 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FILMED

Spec.—1-10-21—M&T—1500 Bks.

D 95055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 95055

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3827 Wilkins Ave St., 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma E. Pfeiffer

(a) RESIDENCE NO. 3827 Wilkins Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Geo. Pfeiffer

6 DATE OF BIRTH (month, day, and year) Jan 14/65

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harry A. Pfeiffer

(Address) 3827 Wilkins Ave

15 Filed FEB 10 1925, 19 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 6, 1925, to Feby 8, 1925, that I last saw h alive on Feby 7, 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 12 mos ds.

CONTRIBUTORY (Secondary) some

(duration) yrs. 12 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. S. McKieffer, M. D.

Feby. 9 1925 (Address) 2320 Back Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 2/11 1925

20 UNDERTAKER Philip Hennig ADDRESS 2016 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95056 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95056

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital 7-1 101-00 Registered No.....

City of BALTIMORE: (No.....St.,.....Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Hammel

(a) Residence No. 2003 E. Eager St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Corine Hammel

6-DATE OF BIRTH (month, day and year) July 19 1873

7-AGE, 51 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) Rwy Co 075
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Geo Hammel
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto
12-MAIDEN NAME OF MOTHER, Mary Shoots
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Corine Hammel
(Address) 2003 E. Eager St

15- 192 Registrar.

EB 10 1925

(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/9/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 7, 1925 to Feb 9, 1925 that I last saw h. alive on Feb 9, 1925 and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Sybert M. D
, 19 (Address) St. Jos. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Feby 12 1925

20-UNDERTAKER. Geo M Trimble Son — ADDRESS 811 N Eutaw

Should be carefully supplied, to be properly classified. Exact statement of OCCUPATION is very important. Should be given in plain terms, so that it may be properly classified. See instructions on back of certificates.

DAK KO

Spec—12-23-21—E.B.R.S.—400 Bks.

B 95057

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95057

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 526 N. Potomac St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Pennington

(a) Residence No. 526 N. Potomac St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widowed

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Harry O. Pennington

6-DATE OF BIRTH (month, day and year) April 9/1858

7-AGE, 67 yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Nichols

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Elizabeth Tolby

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Emergency Warden

(Address) 526 N. Potomac St

15- Oct 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 8/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 17, 1924 to Feb 8, 1925

that I last saw h[illegible] alive on Feb 8, 1925

and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Duration 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward L. Cook M. D.

2/9, 1925 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Spesutie Cem Perryman Md

DATE OF BURIAL, Feb 11, 1925

UNDERTAKER, Chas E. Fuller & Son

ADDRESS 2334 Jefferson St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95058 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-901 D 95058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 N. Collington Ave St.) 7-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louisa Rennester

(a) Residence No. 627 N Collington ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single, Married~~ Widowed, ~~or Divorced.~~ (Write the word.) Widow

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late Henry Rennester

6-DATE OF BIRTH (month, day and year) Nov 11-1859

7-AGE 64 yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, August Knobbach

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Ramer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Knobbach

(Address) 627 N Collington Ave

15- FEB 10 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 5 1925

17- I HEREBY CERTIFY, That I attended deceased from January 30th 1925 to February 5th 1925 that I last saw h alive on February 5th 1925 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. D. Hoen, M. D.

(Address) 1501 E Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Carmel Cemty DATE OF BURIAL. Feb 11, 1925

20-UNDERTAKER. Chas C Mullen & Son ADDRESS 2334 Gilmor St

Be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 95059

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Colburn

(a) RESIDENCE No. Bay View Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address) JOHNS HOPKINS HOSPITAL

15 FEB 10 1925 19 Robert F. Barton, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-1, 1922, to 2-8, 1925;

that I last saw her alive on 2-8, 1925;

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Residual Hemiplegia (Left Side)

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sub.

(Signed) Claude G. Drace, M. D.

2-8 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL FEB 10 1925

20 UNDERTAKER Commissioner of Health, Per. Wm. B. Woodall ADDRESS

FEB 10 1925

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 95060

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95060

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N. Kenwood Ave ST., 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Janushek

(a) RESIDENCE NO. 202 N. Kenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
femal	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James V. Janushek

6 DATE OF BIRTH (month, day, and year) Jan 6-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Prague, Austria

PARENTS

10 NAME OF FATHER Joseph Karacek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Barbara unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Jos. J. Janushek
(Address) 2617 E. Fairmount Ave

15 Filed ... 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

FEB 10 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia -Burns over body-Accidental

(Clothes caught fier from gas range)
Feb 6th -25 (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Cain, M. D. (Coroner.)

2-10-25 192 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem 2-12 1925

20 UNDERTAKER J. J. Moran ADDRESS 3000 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 95061

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95061

CERTIFICATE OF DEATH.

94-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2520 E. Fayette ST. (or) 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Capt. John Keller

(a) RESIDENCE NO. 2520 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Keller

6 DATE OF BIRTH (month, day, and year): Feb 2 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Sea Capt

(b) General nature of industry, business, or establishment in which employed (or employer): Captain

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Eng

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eng

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Lucy Keller 2520 E Fayette St

FEB 10 1925 . 19 Registrar

FEB 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1925 . to Feb 9 . 1925 .

that I last saw h— alive on Feb 8 . 1925 .

and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

General Debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Wentworth M. D.

(Address) 1744 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincents Bem

DATE OF BURIAL: 2/11 1925

20 UNDERTAKER: J. A. Moran

ADDRESS 300 E Baltimore St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S and UNDERTAKER'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

D 95062

D 95062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 212 S. Collington ST.: 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Hand

(a) RESIDENCE. NO. 212 S. Collington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaretta Hand

6 DATE OF BIRTH (month, day, and year): Feb 11-1838

7 AGE: Years 86 Months 11 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Bricklayer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City Md.

PARENTS

10 NAME OF FATHER: Henry Hand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Jas Barnett (Address) 212 S. Collington ave

15 Filed . 19 Robert P. Garrison Registrar

3 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Janu. 30. 1925, to Feby. 8, 1925, that I last saw h wife alive on Feby. 6 1925 and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Fracture of hip; Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho Coma

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. Physician

(Signed) Geo. L. Mikus, M. D.

Feby 11, 1925 (Address) 224 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: Feb 11th 1925

20 UNDERTAKER: J. A. Moran

ADDRESS 3000 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95063

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3211 Westwood Ave St., 15-7 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Pendland Wright

(a) Residence No. 3211 Westwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Jones Wright

6-DATE OF BIRTH (month, day and year) Oct 21-1869

7-AGE. 65 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Capt 07

(b) General nature of Industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Home Benificial Assn

9-BIRTHPLACE (city or town) (State or Country), Amy Staten Co Va

PARENTS

10-NAME OF FATHER, John Francis Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Elizabeth Cosby

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

11- (Informant) Mrs Lottie Wright

(Address) 3211 Westwood Ave

15- Filed 3 10 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 9-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 26" 1925 to Feb 9th 1925

that I last saw him alive on Feb 9th 1925

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

(Augmn Peabody A.

Aortic Regurgitation & Stenosis

(Duration) 3 yrs. 3 mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Herbert E. Zepp M. D.

2/10/25 19 (Address) 3048 E. U. Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Dickeyville Cemetery DATE OF BURIAL, Feb 11 1925

20-UNDERTAKER, Bertrand & Co ADDRESS 423 N Eutaw Ave Balto

Should be carefully answered. Exact statement of OCCUPATION is very important. Cause of death must be certified. Use only words appearing in the International List of Causes of Death, and state them in plain terms, so that it may be properly classified. Consult instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17 8D 95064 — D 95064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: JOHNS HOPKINS HOSPITAL. ST., 24-1 WARD 117

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., ... WARD .....

2-FULL NAME Estella Mathews

(a) RESIDENCE NO. 236 E. Cross ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Factory Worker

(b) General nature of industry, business, or establishment in which employed (or employer): ... 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Wilbert Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Evelyn Crockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records. (Address) JOHNS HOPKINS HOSPITAL

15 Robert P. Harrison, Registrar

B 10 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to Feb 9, 1925

that I last saw her alive on Feb 9, 1925,

and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis, acute, ruptured

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? Yes. Date of Feb 6, 25.

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) [illegible] M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Filghman Island Md	Feb 11 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	386 E. Fat Ave

AGE should be stated EXACTLY. PHYSICIAN ... should be carefully supplied. ... so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

D 95065

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95065

CERTIFICATE OF DEATH.

Registered No. C 9-3 90

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt Royal Station St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levi Griffin

(Residence in Baltimore: No. 2633 Boom St St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. C.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Oct 10 97
(Month) (Day) (Year)

7-AGE. 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Porter
(b) General nature of industry, business, or establishment in which employed (or employer) B & O Station

9-BIRTHPLACE, (State or Country). Cape May N.J.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). unknown.

12-MAIDEN NAME OF MOTHER. Carrie Griffin

13-BIRTHPLACE OF MOTHER, (State or Country). N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Celestia Griffin

(Address) 2633 Boom st

15-

Filed ..... 192.

Robert P. Harrison,
Registrar.

Burial Permit Clerk.

B 10 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 9 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) yrs. Don't Know mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) W R Donaldy M. D.
(Coroner.)

2-10 1925 (Address) 117 W. Dansby St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cape May N.J.	Feb. 10 1925
20-UNDERTAKER. Mrs R. E. Elliott	ADDRESS 225 Ashland Ave.

state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 95066

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 700 Vincent St. 16-7 90 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Johnson

(Residence in Baltimore: No. 700 Vincent St. St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	widower

6-DATE OF BIRTH. about 1857 (Month) (Day) (Year)

7-AGE. 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Emanuel Johnson

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Johnson

(Address) 828 Vincent St

15- FEB 10 1925 192 Robert J. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 8, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Feb. 9, 1925 (Address) 2802 Eden St City

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem DATE OF BURIAL. 2-11-1925

20-UNDERTAKER. Dorsey & Co ADDRESS 96

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95067

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95067

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 923 n Stricker St. St., 16-6 101-09 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Kyler

(a) Residence No. 923 N. Stricker St. (Usual place of abode) St., ... Ward.....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored.

5-~~Single~~ Married, ~~Widowed, or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Josie Kyler

6-DATE OF BIRTH (month, day and year) 5/4/92

7-AGE. 32 yrs. 9 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unload Ships 074

(b) General nature of industry, business, or establishment in which employed (or employer) Longshoreman.

(c) Name of employer. Peter Washington

9-BIRTHPLACE (city or town) Calvert County. (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. H. Kyler

11-BIRTHPLACE OF FATHER (city or town) Calvert Co. (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Victoria Gantt

13-BIRTHPLACE OF MOTHER (city or town) Calvert Co (State or Country), Md.

14- (Informant) Fraur E. Young 929 Stricker St. (Address).....

15- Robert P. Harrison, ... 192.... Burial Permit Clerk. Registrar.

FEB 10 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/9/'25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25th 1925 to Feb. 9th 1925 that I last saw him alive on Feb. 9th 1925 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) — yrs. — mos. 5 ds.

18-Where was disease contracted if not at place of death? 923 N. Stricker St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Mansell Lawrence M. D.

. 19 (Address) 1232 Mosher St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Patapsco Church Calvert Co	2/11-25 19..
20-UNDERTAKER,	ADDRESS
Daniel Euston	916 Pa ave

Should be carefully supplied. Exact statement of OCCUPATION is very important. Cause of death must be certified. Exact statement of OCCUPATION is very important. Cause of death must be certified. Exact statement of OCCUPATION is very important. Cause of death must be certified. Exact statement of OCCUPATION is very important. Cause of death must be certified. Exact statement of OCCUPATION is very important. Cause of death must be certified. Exact statement of OCCUPATION is very important. Cause of death must be certified. Exact statement of OCCUPATION is very important. Cause of death must be properly classified. in plain terms, so that it may be properly classified. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95068 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95068

CERTIFICATE OF DEATH.

REGISTERED NO. 11-2 11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N Biddle ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Barrett

(a) RESIDENCE NO. 312 N Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (write) HUSBAND of or WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE: Years 39 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooker

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Edith Barrett

(Address) 312 N Biddle St

15 Filed 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7. 1925

17

I HEREBY CERTIFY, That I attended deceased from Jany 29th, 19 25, to Feb 7th, 19 25,

that I last saw h alive on Feb 6th, 19 25,

and that death occurred, on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:

Uraemia Pernicious Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 2-11-1925

20 UNDERTAKER: Daniel Evans

ADDRESS 910 N

AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of MEDICAL CERTIFICATE on back of certificates. See instructions on back of certificates.

D 95069

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95069

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 713 W. Franklin St., 17-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex C. Krichan

(Residence in Baltimore: No. 713 W. Franklin 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	Col	Widower

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1882 (Year)

7-AGE.	If LESS than 1 day.
43 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Virginia Moore

(Address) 713 W. Franklin St.

15- Filed ..... 192..... Robert F. Harrison, Registrar. Burial Permit Clerk.

B 10 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, find that said deceased came to ... death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Bronchial Pneumonia

(Duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ... yrs. ... mos. 14 ... ds.

(Signed) H. K. Grason M. D. (Coroner.)

2-9 1925 (Address) 117 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	2-11-1925

20-UNDERTAKER.	ADDRESS
Dan Lord	Balto

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95070

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95070

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Bay View Hosp. Dept. ST., 7-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Brogden

(a) RESIDENCE NO. 9186 Fait ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negress	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62		.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed FEB 7 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1918, to Feb 7, 1925, that I last saw h[illegible] alive on Feb 7, 1925, and that death occurred, on the date stated above, at 11:30P m.

The CAUSE OF DEATH* was as follows

Cardiac Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Renal Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hedamsk M. D.

2/8/1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery

DATE OF BURIAL 2-11-1925

20 UNDERTAKER [illegible]

ADDRESS 916 [illegible]

mation should be carefully supplied. Exact statement of OC-
that it may be properly classified.
CAUSE OF DEATH in plain terms, so
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95071

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95071

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 776 Park Ave St., 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Clara Siebert

(a) Residence No. 776 Park Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX ~~Female~~ F

4-COLOR OR RACE, Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.) W

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1891

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER (city or town) (State or Country)

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Peter Siebert

(Address) 704 Melrose Ave,

15- Robert P. Harrison, Burial Permit Clerk. Registrar.

1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 8-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 19 25 to Feb 8 19 25

that I last saw h alive on Feb 8 19 25

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did no operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Woodward M. D.

Feb , 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Auburn	2-11-1925
20-UNDERTAKER	ADDRESS
Dawkins & Co	96

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

D 95072

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95072

CERTIFICATE OF DEATH.

13-374-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1448 W. 36th St ST., 13 WARD) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. Stocksdale

(a) RESIDENCE No. 1448 W. 36th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Olover Stocksdale

6 DATE OF BIRTH (month, day, and year) Sept. 2-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md

PARENTS

10 NAME OF FATHER Noah Stocksdale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Stansbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Margaret O. Stocksdale

(Address) 4028 Roland Ave

Filed FEB 10 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy-cerebral Hem.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Caine, M. D. (Coroner)

2-10-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Camden DATE OF BURIAL Feb 11 1925.

20 UNDERTAKER Horace H. Burgee ADDRESS 343 Hollins St.

CAUSE OF DEATH must be properly classified. Each question must be answered if certificate shall be held to be prima facie correct. See instructions on back of certificate.

TION is very important.

Spec.—1-10-21 M&T—1500 Blks. Mamie Buchsbaum, 1740 Friedelburg Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95073

D 95073

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-12 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mamie Buchsbaum

(a) RESIDENCE No. 1740 Friedelburg Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced (or) WIFE of Henry P. Buchsbaum

6 DATE OF BIRTH (month, day, and year) Dec 13 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	61	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer Med.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Henry Stadding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Hospital Record

(Address)

15 Filed FEB 10 1925 Registrar Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/25 19

17 I HEREBY CERTIFY, That I attended deceased from 2/5/25, 19 , to 2/9/25 19 , that I last saw h-alive on 2/9/25 19 and that death occurred, on the date stated above, at 5-30 p.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Lung

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical

(Signed) K. W. Talley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL Feb. 13 1925

20 UNDERTAKER Margaret D. Flynn

ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95074

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95074

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. Ward) 15-12

Registered No. C 129

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Ellen Richards

(Residence in Baltimore: No. 1503 N Bentalou St.; 6 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
F	W	Wid

6-DATE OF BIRTH. Dec (Month) 2 (Day) 1876 (Year)

7-AGE. 79 yrs. 2 mos. 29 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John Tate

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER, (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Richards

(Address) 1503 N Bentalou

15- Filed 192 Robert P. Harrison, Registrar.

B 10 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. (Month) 8, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held on inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Pancholymatous nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. J. Hennessy M. D. (Coroner)

Feb. 10 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hamonk Md. DATE OF BURIAL. Feb 11 1925

20-UNDERTAKER. W M Rowlett ADDRESS 2238 N Wash

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95075

95075

CERTIFICATE OF DEATH.

11-3-4

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3641 Elm Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna May Griffith

(a) Residence No. 3641 Elm Ave St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H Griffith

6-DATE OF BIRTH (month, day and year) Dec 12- 1870

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Martin Heil

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Ann Kelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Robert Griffith

(Address) 3641 Elm Ave

15- FEB 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 9th 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925 to Feb. 9th 1925

that I last saw her alive on Feb 9th 1925

and that death occurred, on the date stated above, at 10 45 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ..... yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Lagrippe

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Broondreeuwer M.D.

Feb 9. 1925 (Address) 846 W 36th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden — DATE OF BURIAL Feb 12 1925

20-UNDERTAKER Chenoweth & Son — ADDRESS 3617 Edmondson Ave

In plain terms, so that it may be properly classified. Examine instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 95076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 95076

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3400 Hickory ST., 13-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Buttingham

(a) RESIDENCE NO. 3400 Hickory ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 24/24

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer) Son
(c) Name of employer

9 BIRTHPLACE (city or town) Balt
(State or country) Md

PARENTS

10 NAME OF FATHER Russell Buttingham

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Bertha Schreer

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Russell Buttingham
(Address) 3400 Hickory Ave

15 Filed FEB 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows: Strangulation. Accidental, from Fed Clothes

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) John H. Morrison, M. D.
(Coroner.)

Feb 10, 1925 (Address) 3632 Boldwin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Jerusalem Cem — DATE OF BURIAL: Feb 11 1925

20 UNDERTAKER: Chenoweth & Son — ADDRESS: Chestnut Ave

TION is very important See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95077

CERTIFICATE OF DEATH.

98 95077

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST.: 11-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Garrison Gibson

(a) RESIDENCE. No. 470 Orchard St. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Gibson

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Garrison Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachel Pharpro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Gibson

(Address) 470 Orchard St

FEB 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8- 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-3-, 1925, to 2-8-, 1925, that I last saw h[illegible] alive on 2-8-, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

From history 4 yrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C. Page M. D.

, 19 (Address) 1616 N. Mt. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel	Feb 14 1925
20 UNDERTAKER	ADDRESS
Franklin W. Lantz	709 W. Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95078

CERTIFICATE OF DEATH.

5-1 129 D 95078

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Comet ST.: 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry Hall

(a) RESIDENCE. No. 1108 Comet ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mamie Harris
(Address) 1108 Comet St.

FEB 11 1925

ROBERT R. KRAUTER,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1925, to Feb 9, 1925, that I last saw h alive on Feb 9, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Ezra Burns, M. D.

2-9-25 (Address) 201 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem.	Feb. 11 1925

20 UNDERTAKER Chas. H. Johnson ADDRESS 716 N. Caroline St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

D 95079

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95079

CERTIFICATE OF DEATH.

4-1 11-002

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 204 Myrtle ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Benj. H Murray

(Residence in Baltimore: No. 204 Myrtle ave St; 4 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) widower

6-DATE OF BIRTH. 1860
(Month) (Day) (Year)

7-AGE 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE, (State or Country). md

PARENTS.

10-NAME OF FATHER. Benj murray

11-BIRTHPLACE OF FATHER, (State or Country). md

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter murray

(Address) 204 myrtle ave

FEB 11 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 2 mos. weeks ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. 2 weeks ds.

(Signed) D R Grayley M. D. (Coroner)

2-11 1925 (Address) 1717 W Saratoga St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL. Easton Md

DATE OF BURIAL. 2/11 1925

20-UNDERTAKER. Wm Fred'k Hooper Conway

ADDRESS 406

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 95080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38

D 95080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 & Ashland Ave ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alverta Piper

(a) RESIDENCE NO. 1109 & Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7 3 1891

7 AGE: Years 34 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Theatrical do

(b) General nature of industry, business, or establishment in which employed (or employer): Actress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harrisburgh Pa

PARENTS

10 NAME OF FATHER: Frank Piper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Alverta Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): La.

14 Informant (Address): Lydia Livingston 1109 Ashland Ave

FEB 11 1925 ROBERT H. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1925, to Feb 8, 1925,

that I last saw her alive on Feb 8, 1925,

and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Cedebro-meningitis

probably Luetic.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) no

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no Blood report but at time of record not

What test confirmed diagnosis? Physical

(Signed) R Offenburg, M. D.

2/8, 1925 (Address) 1429 E Monument

*State the Disease Causing Death, as in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bury Cemetery

DATE OF BURIAL: Feb 11 1925

20 UNDERTAKER: Edward Bryan

ADDRESS 1631 St orleans

mation should be entirely supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95081

CERTIFICATE OF DEATH.

21-38

D 95081

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE, (No. 210 Ostertein St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janie Thompson

(a) Residence No. 210 Ostertein St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F.

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Thompson

6-DATE OF BIRTH (month, day and year)

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) General House work

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Lewis Thompson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Fannie Buchanan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Wm Thompson

(Address) 210 Ostertein St

15- Filed FEB 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

If plain terms, so that it may be properly classified, instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/10/25

17- I HEREBY CERTIFY, That I attended deceased from July 3 1924 to 2/10/25 that I last saw h... alive on 2/9/25 and that death occurred, on the date stated above, at 4.00 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Duration 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Duration 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno Bowley, M. D.

2/10, 1925 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn DATE OF BURIAL, Feb 12, 1925

20-UNDERTAKER, I. R. Brown & Son ADDRESS 108 W. Monty. St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95082

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 Plum al St., 23-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Ethel Josephine Wallace

(a) Residence No. 931 Plum al St., 23 Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 10/25/nf

7-AGE, ...yrs. 4 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Percy Wallace

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Gross

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mary Wallace

(Address) 931 Plum al

15- FEB 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk

In plain terms, so that it may be properly classified. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/10/25

17- I HEREBY CERTIFY, That I attended deceased from 2/3/ 1925 to 2/10 1925

that I last saw h.. alive on 2/9 1925

and that death occurred, on the date stated above, at 5:00 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Colds - Bronchitis

Acute (Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] Courtney, M. D.

2/10 1925 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn DATE OF BURIAL, Feb 11 1925

20-UNDERTAKER, J. L. Brown & Son ADDRESS 1018 Monroe St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95083

CERTIFICATE OF DEATH.

66

D 95083

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Colored Hospital ST. 16-b WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Dougherty

(Residence in Baltimore: No. 1101 N. Fremont St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH. Aug. 14, 1882
(Month) (Day) (Year)

7-AGE. 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Standard Oil Co

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John T. Dougherty

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Sarah Butzer

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Dougherty

(Address) 1705 Bradish Ave

15- FEB 11 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 8, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Hennessy M. D.
(Coroner.)

Feb. 9, 1925 (Address) 2807 Greenmount Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Westview Cemetery

DATE OF BURIAL. Feb 11, 1925

20-UNDERTAKER Josiah Leffler

ADDRESS 1600 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

95084

M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 95084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 19 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tina Werner

(a) RESIDENCE NO. 308 West 29th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Werner

6 DATE OF BIRTH (month, day, and year) Sept? 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	24	5	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George R Myers

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Lida Pumphrey.

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Henry Werner (Address) 308 W 29th St

15 Filed FEB 11 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1924, to Feb 8, 1925, that I last saw her alive on Feb 8, 1925, and that death occurred, on the date stated above, at 7: P. m.

The CAUSE OF DEATH* was as follows:

[redacted]

Stricture of Trachea.

(duration) ? yrs. mos [redacted] ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 39 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Wm Lee Cook, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Feb 11 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

95085

HEALTH DEPARTMENT—CITY OF BALTIMORE

4-4 D 95085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital 6-2 REGISTERED NO.

CITY OF BALTIMORE: (No. Bay View Asylum ST., 6 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Marcell

(a) RESIDENCE NO. 132½ N. Madeira ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown, 1877.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48 years.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Creamer

11 BIRTHPLACE OF FATHER (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Mary Wallace

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Maryland

14 Informant (Address) Hospital Records Bay View Hospital.

FEB 11 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925, to Feb 10 1925, that I last saw h alive on Feb 10 1925 and that death occurred, on the date stated above, at 5.00 a.m.

The CAUSE OF DEATH* was as follows:

Fay Advanced Carcinoma of Posterior Wall of Stomach

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis & Terminal Broncho Pneumonia (duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 7-25

Was there an autopsy? no

What test confirmed diagnosis? Blood & Lab Tests

(Signed) Wm Chaney M. D.
(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel DATE OF BURIAL Feb 12 1925

20 UNDERTAKER Wm Cook ADDRESS 2122 E Fairmount

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95086

CERTIFICATE OF DEATH.

11-00

D 95086

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 1-4 WARD).

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Tolson

(a) RESIDENCE NO. 748 S. Decker ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Tolson

6 DATE OF BIRTH (month, day, and year) Mar 14, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Scaline Baltimore Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER William Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balty Md.

12 MAIDEN NAME OF MOTHER Laura Rollins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Clara Tolson (Address) 748 Decker Ave

15 FEB 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1925, to Feb 10, 1925, that I last saw h/in alive on Feb 10, 1925, and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos 1/2 da.

CONTRIBUTORY (Secondary) Perforation Duodenal Ulcer (duration) yrs. mos. 1/2 da.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? Yes Date of 1-9-25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Lab. & Aut.

(Signed) Fredrick B Wart M. D.

19 (Address) 2348 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Feb. 13 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-29 D 95087

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 N. Monroe ST., 16-4 WARD)

2-FULL NAME Mary Elizabeth Mentzer

(a) RESIDENCE No. 1107 N. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ ⟹ WIFE of Lewis Mentzer

6 DATE OF BIRTH (month, day, and year) May 15-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	72	8	25.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER David Choate.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Pickett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Lewis Mentzer.

(Address) 1107 N. Monroe St. Balto. Md.

FEB 11 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925, to Feb 10th, 1925, that I last saw her alive on Feb 10th, 1925, and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 12 yrs. mos da.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Final

(Signed) H. E. Cumming M. D.

Feb 11, 1925 (Address) 1924 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Co. Md. Ebenezer Cemetery.

DATE OF BURIAL Feby 13- 1925

20 UNDERTAKER C. M. Waltz

ADDRESS Hampstead Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

95088

HEALTH DEPARTMENT—CITY OF BALTIMORE

95088

CERTIFICATE OF DEATH.

1-3 129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2929 Mc Elderry St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Stott

(a) Residence No.. 2929 Mc Elderry St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Caleb Stott

6-DATE OF BIRTH (month, day and year) April 27

7-AGE. 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Scotland

PARENTS.

10-NAME OF FATHER Robert Michie

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland

12-MAIDEN NAME OF MOTHER Mary Dafey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14- (Informant) Caleb Stott

(Address) 2929 Mc Elderry St

15- FEB 11 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 9/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1925 to Feb 9 1925

that I last saw h.. alive on Feb 9 1925

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) John R. Oulton M. D.

Feb 10 1925 (Address) 35 W. Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL. Feb 13 1925

20-UNDERTAKER. William Lee Sr — ADDRESS E North Ave

In plain terms, so that it may be properly understood, instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95089

CERTIFICATE OF DEATH.

100 D 95089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 26-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie V. Bennett

(a) RESIDENCE NO. Boys Town Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day and year): Unknown 1840

7 AGE: About 84 — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Thos Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Kepplinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Municipal Hospital Records (Address)

FEB 11 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-9 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-27, 1925, to 2-9, 1925

that I last saw her alive on 2-9, 1925

and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronco-Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Senile Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Path & Bact

(Signed) Chas E. Bruce, M. D.

2-10 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: Feb 11 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUDREY R. KRAUTER, Burial Permit Clerk.

Spec—12-23-21—E.B.P.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95090

CERTIFICATE OF DEATH.

7-3-001 D 95090

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2408 Eager Place St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Frederick .....

(a) Residence No. 2408 Eager Place St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, Married, Widowed, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND ~~of~~ (or) WIFE of J. William Frederick

6-DATE OF BIRTH (month, day and year) Sept 26 1856

7-AGE. 68 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Sebastian Beyfle

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Dringer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) J. William Frederick

(Address) 2408 E. Eager Place

15- Filed FEB 11 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

In plain terms, so that it may be properly classified. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 9 25

17- I HEREBY CERTIFY, That I attended deceased from January 28 1925 to Feb 9 1925

that I last saw h.. alive on Feb 9 1925

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 0 mos. 13 ds.

CONTRIBUTOR (Secondary) Pulmonary Congestion

(Duration) yrs. 0 mos. 2 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) J. M. Deverett M. D.

1925 (Address) 621 Washington Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Baltimore Cem	Feb 14 1925
20-UNDERTAKER,	ADDRESS
William Lodwick	North Ave

Spec—12-23-21—E.B.R.S.—40) Blks.

Hall
1635 E. North Ave

D 95091 HEALTH DEPARTMENT—CITY OF BALTIMORE 129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1311 East North St., 9-6 Ward) Registered No. D 95091

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William B Ledden

(a) Residence No. 1311 East North St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ida C. Ledden

6-DATE OF BIRTH (month, day and year) 12-13-1857

7-AGE, 67 yrs. 1 mos. 26 dys. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Amorgan Co
(c) Name of employer Tobacco Co

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.
10-NAME OF FATHER, George Ledden
11-BIRTHPLACE OF FATHER (city or town) (State or Country), New York
12-MAIDEN NAME OF MOTHER, Sarah Hall
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Laurance Ledden
(Address) 841 N. Central Ave

15- Filed FEB 11 1925, 19 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 9-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 1- 1925, to Feb-9- 1925, that I last saw him alive on Feb-9- 1925, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination & Urinalysis

(Signed) E. Gill Hall, M. D.

Feb 10- 1925 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore County — DATE OF BURIAL, 2/12, 1925

20-UNDERTAKER, Williams Cook — ADDRESS 502 E North

instructions on back of certificates.

K-0 D-A-K

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95092

1-PLACE OF DEATH

City of BALTIMORE: (No. 1947 N. Patterson Park Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles F. Jones

(a) Residence No. 1947 N. Patterson Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 21 1925

7-AGE, ...yrs. ....mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Child

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Francis J. Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Mary A Plummer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

11- (Informant) Francis J. Jones

(Address) 1947 N. Patterson Park

FEB 11 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

In plain terms, so that it may be properly understood. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-9-25

17- I HEREBY CERTIFY, That I attended deceased from 2-3-25 to 2-9 1925

that I last saw him alive on 2-9 1925

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

1a Pyrexia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) F. Ted Brundage M.D.

(Address) 1600 E Pratt St

10-2-25

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral

DATE OF BURIAL. 2/11 1925

20-UNDERTAKER. Wm Cook

ADDRESS 502 E Pratt

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95093

CERTIFICATE OF DEATH.

6-3-57

B 95093

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 132 N Lakewood St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary W. Volk

(a) Residence No. 132 N Lakewood St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: W

5-Single, Married, Widowed, Widow or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: August K Volk

6-DATE OF BIRTH (month, day and year): Aug 17 1849

7-AGE: 75 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Dont know

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Charles Volk

(Address): 1824 E Lombard

FEB 11 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): February 9 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 6th 1923 to Feb 9. 1925.

that I last saw h. alive on Feb. 9th

and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uraemic Convulsions.

Cardiac Hypertrophy.

5

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Meyer Jr. M. D

2/10, 1925 (Address) 1500 E. 33rd St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Redeemer	Feb 12 1925
20-UNDERTAKER.	**ADDRESS**
Wendell Appelson	917 N

If prior to 1898, go back to Ledger for information. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95094

CERTIFICATE OF DEATH.

D 95094

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Somerset ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Mae Alston

(a) RESIDENCE NO. 815 Somerset ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of DISEASE TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) July 13, '24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Paul Alston

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) New Kent Co. Virginia

12 MAIDEN NAME OF MOTHER Mary Hill

13 BIRTHPLACE OF MOTHER (city or town) Petersburg
(State or country) Virginia

14 Informant Father Paul Alston
(Address) 815 Somerset

15 Filed ....., 19 ..... ROBERT R. KRAMER Registrar

FEB 11 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1925, to Feb. 10, 1925, that I last saw him alive on Feb. 9, 1925, and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

..... (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exa

(Signed) William LeRoy Berry, M. D.

, 19 (Address) 1520 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Feb. 11 1925
20 UNDERTAKER	ADDRESS
Wm J. G. Locks	1302 Jefferson

Spec—12-23-21—E.B.R.S.—400 Blks.

Krauss.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95095

CERTIFICATE OF DEATH.

16-761-001

D 95095

1-PLACE OF DEATH

City of BALTIMORE: (No. 700 N. Gilmor St. St., 16 Ward) Registered No.

2-FULL NAME. Edward Milton Krauss.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 700 N. Gilmor St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb. 8-25,

7-AGE, ..—..yrs. ..—..mos. ..1..ds. If LESS than 1 day, 8 hrs. or ..—..min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer). 000

(c) Name of employer.

9-BIRTHPLACE (city or town). Balto.,
(State or Country).

PARENTS.

10-NAME OF FATHER, Ferdinand Krauss

11-BIRTHPLACE OF FATHER (city or town). Balto.,
(State or Country),

12-MAIDEN NAME OF MOTHER, Lillian Wanner

13-BIRTHPLACE OF MOTHER (city or town). Balto.
(State or Country).

14- (Informant). Ferdinand Krauss

(Address). 700 N. Gilmor St.

15-. FEB 11 1925 ROBERT R. KRAUTER, Registrar. ~~Burial Permit Clerk.~~

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 9-25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1925, to Feb. 9, 1925,

that I last saw h. alive on Feb. 9, 1925,

and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Prematur birth. —
under 8 months

(Duration) yrs. mos. 1/3 ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Baumunstead, M. D.

2/9, 1925 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb. 11, 1925
20-UNDERTAKER.	ADDRESS
George J. Smith	1532 Hollins St

D 95096 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95096

CERTIFICATE OF DEATH. 4167-001

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. 620 Washington Boulevard W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Philip W. Gdams

(Residence in Baltimore: No. 20 Pearl st St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, ~~Married,~~ Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 19 yrs. ..... mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Rennigers Distillery

9-BIRTHPLACE, (State or Country). Manchester N. Hampshire Boston Mass

PARENTS.

10-NAME OF FATHER. Melvin B. Gdams ~~Johnson Adams~~

11-BIRTHPLACE OF FATHER, (State or Country). ~~St Aylmer Quebec~~ ~~Canada France~~

12-MAIDEN NAME OF MOTHER. Mary Wroth ~~Capt Hanna~~

13-BIRTHPLACE OF MOTHER (State or Country). Boston Mass ~~Canada France~~

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Strickland

(Address) 20 Pearl st

FEB 11 1925 H. Lane Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inhalation of illuminating gas

..... (Duration) ..... yrs. 4 hrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Suicidal

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Jones M. D. (Coroner.)

2-11 1925 (Address) 117 W. Madison St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cy DATE OF BURIAL. Feb 11 1925

20-UNDERTAKER, Jos Joerdens Son ADDRESS 212 S. Paca

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(17909) D 95097 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95097

10

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3 ST., 16 WARD)

2-FULL NAME Peter Alex. Fergis

(a) RESIDENCE No. 3913 Orleans St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 5-1923

7 AGE: Years 2 | Months 1 | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: Peter Fergis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Jemima Harrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed FEB 11 1925 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 - 1925, to Feb 10 - 1925, that I last saw him alive on Feb 10 - 1925, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Secondary to diphtheria)

(duration) yrs. .... mos. 20 ds.

CONTRIBUTORY (Secondary): Diaphragmatic paralysis (post diphteritic)

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edmund H. Kerper, M. D.

2/10 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Feb 11 1925

20 UNDERTAKER: Mrs R A Elliott

ADDRESS: 1725 Ashland Ave

FEB 11 1925

Spec.—1-10-21 M&T 1500 Blks.

D 95098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | D 95098

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2030 McCulloh ST., 14-1 WARD)

2-FULL NAME Leatrice Goldsboro Barlowe

(a) RESIDENCE NO. 2030 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) La

PARENTS

10 NAME OF FATHER Isaac J. Barlowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) La

12 MAIDEN NAME OF MOTHER Cordelia Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) La

14 Informant Cordelia Barlowe

(Address) 2030 McCulloh St

15 Filed FEB 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1926

I HEREBY CERTIFY, That I attended deceased from Sept 15 1925 to Feb 8 1926

that I last saw h[illegible] alive on Feb 8 1926

and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown to ds.

CONTRIBUTORY (Secondary) Hemorrhage, Pulmonary, Also attended

18 Where was disease contracted if not at place of death? U.S. Hospital case Soldier

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

(Address) 2038 McCulloh.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Feb 11th 1925

20 UNDERTAKER John H Todrin

ADDRESS 142 N. Hilton St

CAUSE OF DEATH in plain terms. (Do not use abbreviations or technical terms.) See instructions on back of certificates. TION is very important.

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95099

D 95099

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah Holbrook

(a) RESIDENCE NO. 1121 N. Carrollton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Holbrook

6 DATE OF BIRTH (month, day, and year) ------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Hollbrook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Viola Holbrook
(Address) 1121 N. Carrollton

15 FEB 11 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Odema -Cardiac Failure

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphillis

(duration) yrs. mos. ds.

(Signed) J. S. Cullen, M. D.
(Coroner.)

2-10-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Montgomery Cemetery	Feb 11 1925
20 UNDERTAKER	ADDRESS
John H. Toddun	N. Kehill

Spec.—1-10-21—M&T—1500 Blks.

D 95100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 D 95100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Division ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia E. Hill

(a) RESIDENCE NO. 1815 Division ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Nathaniel Hill

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm F. Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah J. Jarvis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nathaniel Hill

(Address) 1815 Division St

Filed FEB 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1924 to Feb. 9th, 1925, that I last saw her alive on Feb. 9th, 1925, and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Cervix Uteri

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes for June 14, 1924

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

2/10, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2-12 1925

20 UNDERTAKER George T. A. Gibson

ADDRESS 1735 Druid Hill Ave

CAUSE OF DEATH IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95101

CERTIFICATE OF DEATH.

D 95101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2566- Wilkins Ave 20th WARD)

REGISTERED NO. 461

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Steffee

(a) RESIDENCE NO. 2566- Wilkins Ave. 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 11/25

7 AGE Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Albert Steffee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary A Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila. Pa

14 Informant (Address) Albert Steffee 2566 Wilkins ave

15 Filed FEB 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11- 1925.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11- , 1925, to Feb. 11- , 1925, that I last saw him alive on Feb. 11- , 1925, and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity (6½ mos).

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lived 2 hrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Dudley P. Bowe, M. D.

(Address) 104 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb 11 1925

20 UNDERTAKER F. D. Heppert — ADDRESS 850 N. Bond St

CAUSE OF DEATH must be properly certified by attending physician, and TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95102

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3503 E. Baltimore St., 26-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Brehm

(a) Residence No. Dorsey ave. Essex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie A.

6-DATE OF BIRTH (month, day and year) June 12-1879

7-AGE. 45 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer). Tin Mill

(c) Name of employer. Bethlehem Steel Co.

9-BIRTHPLACE (city or town) (State or Country). Balto. Co. Md.

PARENTS

10-NAME OF FATHER. John Brehm

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Jenette Lawrence

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Minnie A. Brehm

(Address) Dorsey ave, Essex

15- FEB 11 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 10-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1925 to Feb 10 1925

that I last saw ~~him~~ alive on Feb 10 1925

and that death occurred, on the date stated above, at 7.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (a)

Hematuria (b)

(Duration) Y yrs. mos. 5 ds. (c)

CONTRIBUTORY (Secondary) acute dilatation of Heart

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No.

What test confirmed diagnosis? Chemical

(Signed) J. H. Holloway M. D.

2/11 1925 (Address) 3307 E. Biddle St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oaklawn — DATE OF BURIAL. Feb 14 1925

20-UNDERTAKER. Burkert & Burke — ADDRESS 1739 Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95103

CERTIFICATE OF DEATH

1600 001 D 95103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen. Hosp. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby- May Ernst -

(a) RESIDENCE No. 129 E. Gittings ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 25 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	0	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Ernst.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Helen Eckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Helen Ernst (Address) 129 E Gittings St

15 Feb 11 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 1925 to Feb 11 1925

that I last saw her alive on Feb 11 1925

and that death occurred, on the date stated above, at 5-10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Duration

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. F. Peterman M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross C.C.	Feb 12 1925
20 UNDERTAKER	ADDRESS
Chas. L. Storm	1501 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95104

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95104

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 111 N. Gilmor St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... George Williams

(a) Residence No... 111 N. Gilmor St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Negro	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 8 1849.

7-AGE,	If LESS than 1 day,
75 yrs. 11 mos. ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Cook

(b) General nature of industry, business, or establishment in which employed (or employer)..... Hotel

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant)..... Bertha Williams (daughter)

(Address)..... 111 N. Gilmor St.

15- Filed ..... Robert P. Harrison, Registrar.

1 1 1925 Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 9-1925.

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 ....., 1925, to Feb 9 ....., 1925;

that I last saw h[illegible] alive on Feb 9 ....., 1925;

and that death occurred, on the date stated above, at 4.25 P.m.

The CAUSE OF DEATH* was as follows:

Acut bronchitis

Nephritis

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Walter J. Peeler M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Feb 12th 1925
20-UNDERTAKER, A. Jones	ADDRESS, 111 S. Gilmor St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 95105

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1614 E. Monument St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Wilson

(a) Residence No. 1614 E. Monument St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
Female	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 15-1921

7-AGE.	If LESS than 1 day,
3 yrs. 4 mos. 26 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, Chas Wilson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto city

12-MAIDEN NAME OF MOTHER, Ruby Davis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. city

14- (Informant) Charles Wilson

(Address) 1614 E. Monument St

15- Filed 1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 11-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 9, 1925 to Feb 18, 1925

that I last saw h. alive on Feb 10, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tonsillar Diphtheria

& nasal,

(Duration) yrs. mos. 9 ds

CONTRIBUTORY (Secondary) Paralysis of the heart

Sudden (Duration) 0 yrs. 0 mos. 0 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Bacteriological

(Signed) J. Edward Fisher M. D.

2/11, 1925 (Address) 1612 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Feb. 12, 1925

20-UNDERTAKER. Robert F. Wilson ADDRESS 1515 McElderry St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95106

D 95106

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 E. West Street. ST., 24-1 WARD)

REGISTERED NO. 1592

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Krausz.

(a) RESIDENCE NO. 143 E. West Street. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred -- yrs. -- mos. - 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------.

6 DATE OF BIRTH (month, day, and year) February 10, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	--	---	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of Industry, business, or establishment in which employed (or employer) None.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Harry Krausz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Marie Garrison.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co. Md.

14 Informant Marie Krausz. (mother).
(Address) 143 E. West Street.

15 Filed 3 11 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Reinhardt, M. D.
(Coroner.)

Feb. 11th, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. John J. Cowan & Son.

DATE OF BURIAL 2-12 1925

20 UNDERTAKER Per. J. J. Cowan

ADDRESS 901 Holland St.

...TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95107

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95107

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2202 E. Pratt St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mateusz. Wieczynski

3-(a) Residence No. 2202 E. Pratt St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sep. 10 1852

7-AGE. 72 yrs. 4 mos. 30 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)..... Poland
(State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)..... Poland
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... Poland
(State or Country),

11- (Informant) Mr. Bartlomiej. Biniasz
(Address) 2202 E. Pratt Street

15- Feb 12 1925 19?

Robert F. Garrison,
Registrar.
Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 9 /25

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1925 to Feb 9 1925

that I last saw h.. alive on Feb 8 1925

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Asthma Pneumonia

(Duration) yrs. mos. 2 ds

CONTRIBUTORY (Secondary) Pyelitis Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Manuel S Dimitri M. D.

19 25 (Address) 332 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem.	Feb 12 1925
20-UNDERTAKER,	ADDRESS
John A Weber	803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

1779 95108 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95108

CERTIFICATE OF DEATH. + 49

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew B. Huntington

(a) RESIDENCE NO. Fairfield, N. J. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) .....

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about.	58	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary for

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Bridgeport, Conn
(State or country)

PARENTS

10 NAME OF FATHER Enoch .....

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Esther Lyzer

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) N. C.

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 11 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1925, to Feb 11, 1925.

that I last saw him alive on Feb 11, 1925

and that death occurred, on the date stated above, at 12 3/4 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 1 yrs. - mos - ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) - yrs. 2 mos. - ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene L. Shaw M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bridgeport Conn — DATE OF BURIAL 3/12 1925

20 UNDERTAKER John Merrick — ADDRESS 2505 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95109

D 95109

CERTIFICATE OF DEATH.

X 165

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Ave. near Lakes, Ward 26-6)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hennie K. Rosenwald.

(a) RESIDENCE NO. Los Angeles, California. ST., WARD Los Angeles, Calif.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David B. Rosenwald

6 DATE OF BIRTH (month, day, and year) May 11, 1877.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	7	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Leopold Kraus

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Hoffmann

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. Edward Kraus
(Address) Rochester Court Apts.

15 Filed B 1 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9/ 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Corrosive Acid Poison
Suicide

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) John H. Young M. D.
(Coroner.)
Feb 11, 1925 (Address) 3632 Rolandene

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., 6 mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cemetery	2/13/ 1925

20 UNDERTAKER David Sondheim ADDRESS 116-20 W. Mt. Royal Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

D 95110

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 507 S. Broadway Ward) 2-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis S. Katten

(a) Residence No. 507 S. Broadway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Jennie Katten

6-DATE OF BIRTH (month, day and year) June 21 1874

7-AGE. 50 yrs. 7 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchandise

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER Leir Katten

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary Sackerman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Mrs. M. Katten

(Address) 507 S. Bdway

15- Filed 3 11 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/10/25.

17- I HEREBY CERTIFY, That I attended deceased from Feb-9th 1925 to Feb-10th 1925.

that I last saw living on Feb-10th 1925

and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hemilen F. Grimes M. D.

2nd 10, 1925 (Address) 1701 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	2/12/1925
20-UNDERTAKER. David Sondheim	ADDRESS 1120 W. Mt. Royal Ave

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95111

D 95111

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Harford Ave ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. J. Ernst

(a) RESIDENCE NO. 1208 Harford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widiwer

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary Ernst

6 DATE OF BIRTH (month, day, and year) Nov 28-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker 03
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Gardner Baking Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Edward Ernst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant George J. Ruth
(Address) ~~1735 Harford Ave~~

15 Filed 11 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insuffuciency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat Prostration last July (1924)

(duration) yrs. mos. ds.

(Signed) J. S. Hollen, M. D.
(Coroner.)

2-10-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery. DATE OF BURIAL Feb 12 1925

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford ave.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18245
D 95112

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL.

X44 D 95112

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7 ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Hughes

(a) RESIDENCE NO. Lester. W. Va ST., WARD Lester W. Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred —— yrs. —— mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	49	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Paty Thaxter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Recndo

(Address) JOHNS HOPKINS HOSPITAL

15 FEB 11 1925 . 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 . 1925 . to Feb 9 . 1925 .

that I last saw him alive on Feb 9 . 1925 .

and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lester, W. Va.

Did an operation precede death? yes Date of Feb. 9, 1925

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. W. Sumners M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Berkeley W. Va	2/11/1925
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE OF DEATH is very important. See instructions on back of certificates.

Burial Permit Clerk.

Spec. 6-9-19—1M P.T.C.—1000 Bks.

D 95113

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95113

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 North Carey ST.: 19-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Frey

(a) RESIDENCE. No. 320 North Carey ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Ho

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Frey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Saxony, Germany

12 MAIDEN NAME OF MOTHER Caroline Reuter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hanover Germany

14 Informant Miss Bertha von Mitzel

(Address) 320 N Carey St

FEB 12 1925

ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1924, to Feb 10, 1925, that I last saw h alive on February 10, 1925, and that death occurred, on the date stated above, at 1 15 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Respiratory Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Hemiplegia

(duration) yrs. 8 mos. 18 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. W. Victor Clift, M. D.

2/10, 1925 (Address) 238 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Feb. 12 19 25
20 UNDERTAKER Walter B. Cook	ADDRESS 1153 W. Balto

THON is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95114

CERTIFICATE OF DEATH.

11-001

D 95114

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 611 N. Calhoun ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winfield Scott Stier

(a) RESIDENCE NO. 611 N Calhoun ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie C Stier

6 DATE OF BIRTH (month, day, and year) 3-14-1848.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 073

(b) General nature of industry, business, or establishment in which employed (or employer) R.R. Conductor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

PARENTS

10 NAME OF FATHER Wm. H. Stier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co Md

12 MAIDEN NAME OF MOTHER Amelia Hilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co Md

14 Informant Sophie C Stier

(Address) 611 N Calhoun

FEB 12 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9- 1925 to Feb 9- 1925, that I last saw him alive on Feb. 8- 1925, and that death occurred, on the date stated above, at 1- P. m.

The CAUSE OF DEATH* was as follows:

Grippe.

(duration) yrs. mos 31 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 25 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. F. Burton, M. D.

2/9/1925 (Address) 301 East Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Feb 12 1925
20 UNDERTAKER	ADDRESS
Wesley L. Cook	1003 N. Fulton Ave

CAUSE OF DEATH in plain terms, so that it can be properly classified. See reverse side for additional information.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95115

CERTIFICATE OF DEATH.

D 95115

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 546 W. Preston St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Ford Brown

(a) Residence No. 546 W. Preston St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Brown

6-DATE OF BIRTH (month, day and year) May ... 1878

7-AGE. 47 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, James Cox

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Winnie Bryant

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) William F. Cox

(Address) Winslow Junct N. J.

FEB 12 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 10 - 1925

17- I HEREBY CERTIFY, That I attended deceased from Feby 10 1925 to Feby 19 1925 that I last saw her alive on Feby 10 1925 and that death occurred, on the date stated above, at 7.15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) — yrs. 3 mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletreau M. D.

, 19 (Address) 812 Hamilton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Winslow Junction N.J.

DATE OF BURIAL, 2/18 1920

20-UNDERTAKER, Daniel Easton

ADDRESS 916 Pa ave

HUBERT R. KRAUER, Burial Permit Clerk.

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

B 95116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95116

Registered No. 116

1-PLACE OF DEATH

City of BALTIMORE: (No. 766 W Mulberry St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Rachel Holmes

(a) Residence No.... 766 W Mulberry St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, col

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word) Widowed

5a-If ~~married~~, widowed, ~~or divorced~~, ~~HUSBAND~~ of (or) ~~WIFE~~ of Thos Holmes

6-DATE OF BIRTH (month, day and year) 1849

7-AGE, 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), S. Carolina

PARENTS.

10-NAME OF FATHER, Thos Holmes

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), S Carolina

12-MAIDEN NAME OF MOTHER, Rachel Mitchell

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), S C

14-

(Informant)..... Walter Holmes

(Address)..... 766 W Mulberry St

15-

FEB 12 1925

ROBERT R. KRAUSE
Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/10/25

17- I HEREBY CERTIFY, That I attended deceased from 1/21 19 25 to 2/10 19 25

that I last saw h alive on 2/9 19 25

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular
Heart disease

Duration 1 yrs. 2 mos. ds.

CONTRIBUTORY
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J E Carlson M. D.

2/11, 1925 (Address) 808 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn Cem	2-12-25
20-UNDERTAKER	ADDRESS
David Forbes	916 Penn

Instructions on back of certificates.

D 95117

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 95117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 918 Little Pine St. Ward) 17-2

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry R. Boston

(Residence in Baltimore: No. 918 Pear St. St.; 47 yrs... mos... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	widower

6-DATE OF BIRTH. about 1878
(Month) (Day) (Year)

7-AGE. 47 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rag dealer
(b) General nature of industry, business, or establishment in which employed (or employer): self 045

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John Boston

11-BIRTHPLACE OF FATHER. (State or Country). Don't Know

12-MAIDEN NAME OF MOTHER. Mahoney

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beulah Duppins

(Address) 910 Pear St.

15- Filed FEB 12 1925 19... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 9 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest find that said deceased came to death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Hennessy M. D.
(Coroner)

Feb. 10, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Mt. Auburn Cem 2-12-25

20-UNDERTAKER. ADDRESS
James Corbett & Sons 916

IS VERY IMPORTANT. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95118

CERTIFICATE OF DEATH.

D 95118

1-PLACE OF DEATH Hospital for Women of Maryland. 12-1 Registered No.....

City of BALTIMORE: (No.....St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....Mary Eleanora Duncan Willis.....

(a) Residence No. 122 University Parkway St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Willis

6-DATE OF BIRTH (month, day and year) Apr. 21 1853

7-AGE, 71 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Bellair Harford Co.

PARENTS.

10-NAME OF FATHER, Josiah Hopkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Harford Co.

12-MAIDEN NAME OF MOTHER, Ellen Morris Morgan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Philadelphia

14-(Informant) Luther R. Willis
(Address) Charles St. & Gittings Ave

15-FILED FEB 12 1925 ROBERT P. KRAUSER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 11 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1924, to Feb. 11, 1925, that I last saw her alive on Feb. 11, 1925, and that death occurred, on the date stated above, at 3:57 A m.

The CAUSE OF DEATH* was as follows:

Pelvic sarcoma

(Duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Blockage of ureters by pelvic growth

(Duration) yrs. mos. 1½ ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of Dec. 29, 1924

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Margaret G. Hudson, M. D.

Feb. 11, 1925 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery — DATE OF BURIAL. Feb 13, 1925

20-UNDERTAKER. H. O. Means & Son — ADDRESS 805 N. Eutaw St

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95119

CERTIFICATE OF DEATH.

129 D 95119

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 Roland Ave St., 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah O'Neill

(a) Residence No. 2 Roland Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-~~Single~~, Married, Widowed, or ~~Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND ~~of~~ (or) WIFE of John O'Neill

6-DATE OF BIRTH (month, day and year) don't know

7-AGE. over 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John McArdle

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Jane McColgan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Mrs Eugine O'Neill

(Address) 2 Roland Ave.

15- FEB 12 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 10/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 19 24 to Feb 10 19 25

that I last saw h alive on Feb 9 19 25

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, Uremia

Contributory

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) H E Krug M. D.

Feb 10, 1925 (Address) 100 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Cemetery — DATE OF BURIAL. 2/13 19 25

20-UNDERTAKER. Holmes & Son — ADDRESS 605 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

D 95120

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95120

CERTIFICATE OF DEATH.

REGISTERED NO. C 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Ne Forest St. ST.; 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Henry Conroy

(Residence in Baltimore: No. 1102 Forest St. St.; Life yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 17 (Day), 1860 (Year)

7-AGE, 64 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe business

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Michael Conroy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Honora Butler

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Conroy

(Address) 1102 Forest Street

15-

FEB 12 1925

ROBERT R. KRAMER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 11th (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1924, to Feb 11 1925, that I saw him alive on Feb 10 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(Duration) yrs. mos. 1/4 da.

CONTRIBUTORY (Secondary) Chr Parenchymatous Nephritis Chr Myocarditis (Duration) 15 yrs. mos. da.

(Signed) William E. Grant M. D.

2/11, 1925 (Address) 16 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL, 2/17, 1925

20-UNDERTAKER Wm Coots

ADDRESS 502 E North

Important. See instructions on back of Certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95121 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95121

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Ridgely St.; 21-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Murphy

(a) RESIDENCE. No. 907 Ridgley ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 13/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Earl Murphy

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lucie Burger

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Earl Murphy

(Address) 907 Ridgley St

FEB 12 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to Feb 11, 1925

that I last saw h alive un Feb 11, 1925

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary

(duration) yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blumenthal

(Signed) R. P. Campbell, M. D.

2/11, 1925 (Address) 644 Haven

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bal Wmore	Feb 13 1925

20 UNDERTAKER	ADDRESS
Wm Cook	502 E Ft Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95122 — 1778 25

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 1 D 95122

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-1 WARD)

2-FULL NAME Alvin Thomas

(a) RESIDENCE NO. 605 N. Bond St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Effel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 FEB 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from January 21, 1925 to February 11, 1925, that I last saw him alive on February 11, 1925 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

Acute general miliary tbc (2 wks?)

(duration) yrs. 1 mos. d.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edmund H. Kerper, M. D.

2/11, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery — DATE OF BURIAL Feb 15th 1925

20 UNDERTAKER Mrs R A Elliott — ADDRESS 1725 Ashland Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of each TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95123

CERTIFICATE OF DEATH.

13-490 D 95123

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 3820 Falls Road St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME....Catharine A. Boone

(a) Residence No. 3820 Falls Road St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? 65 yrs. 5 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of the late Robert. C. Boone

6-DATE OF BIRTH (month, day and year) Sept. 10-1859

7-AGE,	If LESS than 1 day,
....65..yrs....5..mos.....ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Relay, Md.

PARENTS.

10-NAME OF FATHER, Robert MacGregor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Nancy Irwing

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs J. Carroll Boone

(Address) 3820 Falls Road

15- Filed..... 192.....

FEB 12 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February-10-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1925 to Feb. 10th 1925

That I last saw h.. alive on Feb 10th 1925,

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Ac. Bronchs. Pneumonia
(Terminal)
(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Ch. Valv. Endocarditis
(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of ✓

Was there an autopsy? Yes

What test confirmed diagnosis? ✓

(Signed) Jefferies Buck M. D.

2/11, 1925 (Address) 1844 E Pauls St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	Feb 13 1925

20-UNDERTAKER,	ADDRESS
Henry Hoch & Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95124

CERTIFICATE OF DEATH.

D 95124

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Winchester ST., 16-3 WARD)

2-FULL NAME Cornelia Carter Chilton

(a) RESIDENCE NO. 2827 Winchester ST., ... WARD ..... Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If married, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of John R. Chilton.

6 DATE OF BIRTH (month, day, and year) Apr 8-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Northumberland
(State or country) County Virginia

PARENTS

10 NAME OF FATHER Rawleigh D. Carter

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Northumberland Co. Va.

12 MAIDEN NAME OF MOTHER Judith Gaskins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Northumberland Co. Va.

14 Informant Mrs. C. Walton Harbord
(Address) White Stone Va.

15 Filed FEB 12 1925 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 5, 1925, to Feby 11, 1925, that I last saw her alive on Feby 11, 1925, and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Valvular Heart Disease Mitral Insufficiency 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lancaster Co Va

Did an operation precede death? No Date of -

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

Feb 11, 1925 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ottoman Lancaster Co Va — DATE OF BURIAL Feb 13 1925

20 UNDERTAKER V. Attend Store — ADDRESS 1723 N. Fulton Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Salter

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95125

CERTIFICATE OF DEATH.

X 11

D 95125

1-PLACE OF DEATH U. S. Marine Hospital No 1 Baltimore Md

CITY OF BALTIMORE: (No. ..... ST., 17-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence W. Salter.

(a) RESIDENCE NO. North East, Md ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude N. Salter.

6 DATE OF BIRTH (month, day, and year): June 20 1877

7 AGE: Years 47 Months 7 Days 21 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Light House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N C

PARENTS

10 NAME OF FATHER: Thos W. Salter

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C

12 MAIDEN NAME OF MOTHER: Mary E Merritt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C

14 Informant (Address): Mrs Gertrude N. Salter. Ivy Neck Md

15 FEB 12 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1925, to Feb 10, 1925, that I last saw h— alive on Feb 11, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

(duration) ... yrs. ... mos. 7 da.

CONTRIBUTORY (Secondary) appendicitis, chronic

(duration) 10 yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death? ..... Va Beach

Did an operation precede death? yes Date of Feb 7 1925

What was the operation? Appendectomy

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings and Laboratory tests

(Signed) H. N. Foster, M. D.

(Address) U S Marine Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dyer Mt Matthews Co Va — DATE OF BURIAL: Feb 12 1925

20 UNDERTAKER: Denham & Gore — ADDRESS: 1325 Eutaw

TION is very important. See instructions on back of certificates.

S.A.E. TAYLOR

Spec.—1-10-21—M&T—1500 Bks.

D 95126 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Olive ST., 23-2 WARD) REGISTERED NO. D 95126

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E. Fekays.

(a) RESIDENCE NO. 1623 Olive ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Fekays.

6 DATE OF BIRTH (month, day, and year) June, 9, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68,	8,	1.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Molder.

(b) General nature of industry, business, or establishment in which employed (or employer) 047

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria Hungary.

PARENTS

10 NAME OF FATHER Dont Know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungary.

12 MAIDEN NAME OF MOTHER Rose Ripka.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Hungary.

14 Informant Rose Fekays, (Wife). (Address) 1623 Olive St.

15 Filed FEB 12 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to Feb 10, 1925 that I last saw h~~e~~live on Feb 10, 1925 and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Campbell M. D.

Feb 10, 1925 (Address) 1644 Eutaw N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Feb. 13 1925

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Fontaw

TION is very important. See instructions on back of certificates.

D A K O

Spec.—1-10-21—M&T—1500 Bks.

D 95127

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95127

CERTIFICATE OF DEATH.

4-1 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 W. Saratoga ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Frizzell

(a) RESIDENCE NO. 737 W. Saratoga ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Frizzell

6 DATE OF BIRTH (month, day, and year) Jan. 25, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Don't Know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Frizzell

(Address) 737 W. Saratoga St

15 Filed . 19 ROBERT R. KRAUTER, Registrar

FEB 12 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1925 to Feb. 11, 1925

that I last saw her alive on Feb. 10, 1925

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Frank N. Ogden, M. D.

, 19 (Address) 115 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 14 1925

20 UNDERTAKER John J. Fields — ADDRESS 1300 N Gay

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95128

1-PLACE OF DEATH

City of BALTIMORE: (No. 729 S. Clinton St St., 76-5 90 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles E. Eiermann

(a) Residence No. 729 S. Clinton St St., 76 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Eiermann

6-DATE OF BIRTH (month, day and year) May 18-1895

7-AGE. 29 yrs. 8 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer) Burdett Packing Co

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Henry Eiermann.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER. Louisa Mengel.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Annie Eiermann (Wife)

(Address) Rosedale cor 7th Phila. Pa.

15- FEB 12 1925 HUBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 9-1925

17. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1925 to Feb. 9, 1925 that I last saw him alive on Feb. 9, 1925 and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hepatic + Pulmonary Congestion (Duration) yrs. 1 mos. 10 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry B. Riley, M. D.

2/10, 1925 (Address) 2504 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Cem. DATE OF BURIAL. Feb. 12, 1925

20-UNDERTAKER. Tully & Zeiler ADDRESS 403 S. Wolfe St.

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95129

1-PLACE OF DEATH

City of BALTIMORE: (No. 2414 Liberty Heights Ave St., 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wolf Benjamin

(a) Residence No. 2414 Liberty Heights Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Lena Benjamin

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 60 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clothing

(b) General nature of industry, business, or establishment in which employed (or employer) Inks

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Isaac Benjamin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jack Louis

(Address) 1434 E. Baltimore St.

15- Filed FEB 12 1925 ROBERT A. KRAUTER, Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-12-25

17- I HEREBY CERTIFY, That I attended deceased from 2-2 pm 1925 to 2-11 1925

that I last saw him alive on Feb 11 1925

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Sudden heart failure of a few minutes duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 2 - 25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Friedenwald M. D.

19 (Address) 1212 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL, 2-12-25

20-UNDERTAKER Jack Louis 1434 E Balto St — ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Bks.

Male

HEALTH DEPARTMENT—CITY OF BALTIMORE

95130

CERTIFICATE OF DEATH.

001

74 B 95130

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Robert ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maud P. Male

(a) RESIDENCE. No. 515 Robert ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter F. Male

6 DATE OF BIRTH (month, day, and year) July 31-1887

7 AGE 37 Years 6 Months 11 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER J. M. Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Barnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alfred Allen (Address) 417 Gold St

15 Filed . 19 Registrar

FEB 12 1925 ROBERT R. FRAZIER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/6 . 1925 . to 2/11 . 1925 .

that I last saw h[illegible] alive on 2/11 . 1925 .

and that death occurred, on the date stated above, at 11 20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy + Paralysis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. Burkhart, M. D.

2/11 . 1925 (Address) 2139 Dk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Md Auburn Cemetery	2-14 1925
20 UNDERTAKER George T. A. Gahan	ADDRESS 1735 Hillen

TION is very important. See instructions on back of c[illegible] of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Woody

D 95131

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-101

D 95131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 727 Myrtle Ave St., 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Charles Woody

(a) Residence No.... 727 Myrtle Ave St., ... Ward .....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1868

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)... service

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER, unk

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unk

12-MAIDEN NAME OF MOTHER, unk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unk

14- (Informant) Hebert Green

(Address) 227 Myrtle Ave

15- FEB 12 1925 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-10-25

17- I HEREBY CERTIFY, That I attended deceased from 2/8 1925, to 2/10 1925, that I last saw h. alive on 2/9/1925, and that death occurred, on the date stated above, at 1 P m

The CAUSE OF DEATH* was as follows:

Immed. Broncho-pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. P. Lankford, M. D.

2/12 1925 (Address) 808 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, 2/16 1925

20-UNDERTAKER, Emmett L. Stanley ADDRESS 1132 E Ave

Spec.—1-10-21—M&T—1500 Blks.

George Briscoe

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95132 CERTIFICATE OF DEATH.

90 D 95132

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Lemmon ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Brown

(a) RESIDENCE NO. 408 Lemmon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 087

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant
(Address)

FEB 12 1925

JOHNS HOPKINS HOSPITAL
ROBERT R. KRAUTER
Burial Permit Clerk

0161

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-10 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to Feb 10, 1925,

that I last saw h alive on Feb 9, 1925,

and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Arrest Exhaustion

(duration) yrs. 6 mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 14 mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) C. H. Finney, M. D.

Feb 11 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: FEB 13 1925

20 UNDERTAKER — ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 95133

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95133

38

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 N. Bond St ST., 7-1 WARD)

2-FULL NAME Walter Mitchell

(a) RESIDENCE NO. 939 N. Bond St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Mitchell

6 DATE OF BIRTH (month, day, and year) Feb 12-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Wilcox & Ziegler
(c) Name of employer Coal Co.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rosa Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Carrie Mitchell
(Address) 939 N. Bond St

15 Filed FEB 12 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (Probably Cerebral Hemorrhage)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Syphillis (duration) yrs. mos. ds.

(Signed) J. S. H. Cain, M. D. (Coroner.)

2-11-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashby Cemetery — DATE OF BURIAL Feb 13 1925

20 UNDERTAKER Mrs R. G. Elliott — ADDRESS 1125 Archbald

Spec.—1-10-21—M&T—1500 Bks.

D 95134

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95134

CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Fayette ave & Rutland st ST., 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Reed -

(a) RESIDENCE NO. 918 Rutland ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	~~Single~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) unknown 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Aged	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Jordan Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Chas Stanley

(Address) 1623 Smallwood St.

15 Filed FEB 12 1925, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925, to Feb 9, 1925,

that I last saw him alive on Feb 9, 1925,

and that death occurred, on the date stated above, at 3 pm m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis -

osteomyelitis L. Left foot -

Chronic nephritis duration - about 1 yr.

osteomyelitis Foot (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

Acute Uremia (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically - Laboratory - X Ray

(Signed) Clement R. Memsor, M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashley Cemetery	Feb. 12 1925
20 UNDERTAKER Mrs P. G. Elliott	ADDRESS 1525 Aisquith

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95135

D 95135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Calhoun ST. 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carolyne Valentine

(a) RESIDENCE. No. 822 Calhoun ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	C.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dent Inman.

6 DATE OF BIRTH (month, day, and year) unknown 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

PARENTS

10 NAME OF FATHER Inman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Inman

12 MAIDEN NAME OF MOTHER Inman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Inman

14 Informant Wm Valentine (Address) 822 N. Calhoun St

FEB 12 1925

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/24 1925, to 2/11 1925, that I last saw her alive on 2/11 1925 and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Ac. Nephritis & Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ch. Colitis Mucin.

..... (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. R. Lutz, M. D.

2/14, 1925 (Address) 2134 Dk St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Feb. 12 1925

20 UNDERTAKER Mrs Ida Snowden ADDRESS 1725 Ashland Av

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95136

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95136

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Coluston Rd. ST. 16 WARD 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Adel Heckwolf.

(a) RESIDENCE. No. 604 Coluston Rd. St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days: 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John H. Heckwolf.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Cecelia Kane.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: John H Heckwolf.
(Address): 604 Coluston Rd.

15 Filed: FEB 12 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1925, to Feb 11, 1925, that I last saw h[illegible] alive on Feb 11, 1925, and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) longenital Atelectasis and Prematurity.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Michel, M. D.

Feb. 12 1925 Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a.a.c.	2-12 1925
20 UNDERTAKER: E T B Hasle	ADDRESS: 115 E Lexington

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95137

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95137

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

City of BALTIMORE: (No 1128 Burgunda alley St.) 24-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charity Alice Bankert

(a) Residence No 1128 Burgunda alley St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 30 1924

7-AGE. ....yrs. 1 mos. 12 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo R. Bankert

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER, Alice Yaugen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) Alice Bankert

(Address) 1128 Burgundy alley

15-

Filed FEB 12 1925 Registrar.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 11 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 11, 1925 to Feb 11, 1925, that I last saw h alive on Feb 11, 1925, and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchis Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? yr

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Wesley Stacy M. D.

Feb 11, 1925 (Address) 1 W Washington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet. DATE OF BURIAL, 2-12, 1925

20-UNDERTAKER James Sigman & Son ADDRESS 1005 Pacca St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95138

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95138

CERTIFICATE OF DEATH.

101-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2705 E. North St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Edward Bozman

(a) Residence No. 2705 E North Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
M.	W.	

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) Sept. 18th 1924

7-AGE. ..... yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer 000

9-BIRTHPLACE (city or town) (State or Country), City

PARENTS.

10-NAME OF FATHER Elwood Bozman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Somerset Co. Md.

12-MAIDEN NAME OF MOTHER, Mabel Ambrose

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), City

14- (Informant) Elwood Bozman

(Address) 2705 E. North Ave.

FEB 12 1925 FEB 12 1925 Registrar.

Hawe

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/10/25

I HEREBY CERTIFY, That I attended deceased from February 8 1925 to February 10 1925

that I last saw him alive on February 10 1925

and that death occurred, on the date stated above, at 1055 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

2/11, 1925 (Signed) Albert Lowenthal M. D.

(Address) 2027 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	2/12, 1925
20-UNDERTAKER.	ADDRESS
E J Fanning since 1938	1538 Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 95139

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Chelsea Terrace ST., 15-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Belle McManus

(a) RESIDENCE NO. 2611 Chelsea Terrace W. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. H. McManus

6 DATE OF BIRTH (month, day, and year) Sept. 4-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	—	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos W. Morse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sallie S. Heddleger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Leilich (Tel)
(Address) 2611 Chelsea Terr

15 Filed FEB 12 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12 1925

17 I HEREBY CERTIFY, That I attended deceased from February 5, 1925, to February 12, 1925, that I last saw her alive on February 11, 1925, and that death occurred, on the date stated above, at 5.18 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.
Auricular fibrillation
(duration) 15. yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Chas. Wichelhausen M. D.

Feb 12 1925 (Address) 1738 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 11/14/25

20 UNDERTAKER Chas. R. Grauerholz — ADDRESS 118 North Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ D 95140

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Harford ave ST., 27-12 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geraldine McKay.

(a) RESIDENCE No. 4703 Harford ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 14-1907

7 AGE — Years: 18 Months: 1 Days: 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: William W. McKay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Bessie G. Wilker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: William W. McKay.

(Address) 4703 Harford ave

FEB 12 1925

ROBERT R. KRAUTH

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1925

17

I HEREBY CERTIFY, That I attended deceased from May, 1921, to Feb 10, 1925, that I last saw h[illegible] alive on Feb 10, 1925, and that death occurred, on the date stated above, at 12.20 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 3 yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Tubercular Meningitis.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X Ray. Clinical findings

(Signed) J. H. Richardson, M. D.

, 19 (Address) 827 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 2/13/25 19

20 UNDERTAKER: Chas. P. Braud & Son.

ADDRESS: [illegible] Royal Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 95141

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 N. Washington St., 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edward Martin Singewald

(a) Residence No. 5 N. Washington St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie L. Singewald

6-DATE OF BIRTH (month, day and year) July 27, 1868

7-AGE. 56 yrs. 6 mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Physician

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Traugott H. Singewald

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Pauline Wolfram

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant). Miss Anna H. Schmeck

(Address). 5 N. Washington St.

15- FEB 12 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 10/25

17- I HEREBY CERTIFY, That I attended deceased from September 27 1924 to Feb. 10 1925

that I last saw h Lim alive on Feb. 10 1925

and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

Hypertension

Chronic Nephritis

Dropsy (Duration) 2 yrs. 33 mos. ds.

CONTRIBUTORY (Secondary) Chronic convulsions

& Coma (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) Frank R. Krauter, M. D.

Feb. 11, 1925 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lotts Creek — DATE OF BURIAL, Feb 13 1925

20-UNDERTAKER. Louis Heemann — ADDRESS 32 S Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95142

CERTIFICATE OF DEATH.

154-002

D 95142

Registered No. C .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1011 Woodley St. St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Grollman

(Residence in Baltimore: No. 1011 Woodley St - St.; yrs..... mos. 4 hrs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: Feb. 11, (Month) (Day) 1925 (Year)

7-AGE: ....yrs. ....mos. ....ds. If LESS than 1 day, 4 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS:

10-NAME OF FATHER: Ellis Grollman

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Ray Kristof

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellis Grollman

(Address) 1011 Woodley St.

15-

Filed ..... 192.... ROBERT B. KRAUTER, Registrar.

FEB 12 1925

Uprint Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 11, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale

4 hrs.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Feb. 12, 1925 (Address) 802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington Blvd. DATE OF BURIAL: 2/12 1925

20-UNDERTAKER: A. Funeral Bro ADDRESS 1121 E. Balto St

IS VERY IMPORTANT. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95143

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 95143

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 20-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Hurley

(a) Residence No. 407 Foothill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Hurley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Kath Donover

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11- (Informant) Mrs Jennie Barwick

(Address) Damascus, Montg. Co. Md.

15-

FEB 12 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1925 to Feb 10 1925 that I last saw h-- alive on Feb 10 1925 and that death occurred, on the date stated above, at 1.40 A.M. The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

Delirium Tremens

(Duration) yrs. mos. 7 ds;

CONTRIBUTORY (Secondary) Terminal Pneumonia

(Duration) yrs. mos. 2 ds

18-Where was disease contracted if not at place of death? ditto

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Duncan A. Allen M. D

, 19 (Address) 33 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral.	Feb. 13, 1925.
20-UNDERTAKER, Chas. W. Dill.	ADDRESS 3109 Fredk, Ave.

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

95144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 95144

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1012 Vine St ST., 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Gross

(a) RESIDENCE NO. 1012 Vine St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 5° yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colord

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Gross

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 38 Years ~~Months~~ ~~Days~~ If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Steadore

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Gradd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emie Hardman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Bessie Gradd (Address) 1012 Vine St

FEB 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-11-1925

17 I HEREBY CERTIFY, That I attended deceased from 2-1-, 1925, to 2-11-, 1925, that I last saw h— alive on 2-10-, 1925, and that death occurred, on the date stated above, at 6,15 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) about two yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Borgiel, M. D.

2-12-1926 (Address) 611 N. Carolin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: national cemetery — DATE OF BURIAL: Feb 14 1925

20 UNDERTAKER: John H Todd — ADDRESS: 142 N. Third St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95145

CERTIFICATE OF DEATH.

7H-001

D 95145 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1819 Aisquith St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Morgan

(a) Residence No. 1819 Aisquith St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of George A Morgan

6-DATE OF BIRTH (month, day and year) Feby 17th 1849

7-AGE, 75 yrs. 11 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant): Mrs Minnie Beckstead

(Address): 1514 Aisquith St

FEB 12 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 11-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 11— 1925 to Feb. 11— 1925

that I last saw h[illegible] alive on Feb. 11— 1925

and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

3 hours

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby M. D.

2/11/1925 (Address) 1223 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL, July 16th 1925

20-UNDERTAKER: George Schilling & Sons — ADDRESS 1126 E Monument St

Spec.—1-10-21—M&T—1500 Blks.

D 95146

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Fanny Webb

(a) RESIDENCE NO. Macclesfield N.C. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Webb

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Mack Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Roney Varnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed FEB 12 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 7 -, 1925, to Feb. 11 -, 1925.

that I last saw h alive on Feb 11, 1925

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac hypertrophy or failure from Duration of Chronic Nephritis & hypertension

(duration) ..... yrs. 11 mos ..... ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ..... yrs. 9 mos. ..... ds.

18 Where was disease contracted if not at place of death? At home, Macclesfield, North Carolina

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy findings

(Signed) Louis E. Mueller, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilson N. C. DATE OF BURIAL 2/12/25

20 UNDERTAKER Joseph Ahrens ADDRESS 221 Bway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95147

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95147

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Robert Boyce

(a) RESIDENCE NO. Highland Ave, Winchester, Va. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) (corrected) 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... C. Field

(b) General nature of industry, business, or establishment in which employed (or employer) ..... —

(c) Name of employer ..... —

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Loyd Boyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Grace Loomis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant ..... Records

(Address) JOHNS HOPKINS HOSPITAL

15 FEB 12 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from November 28, 1924 to February 11, 1925, that I last saw him alive on February 11, 1925 and that death occurred, on the date stated above, at 3 45 A. m.

The CAUSE OF DEATH* was as follows:

Tumor of eye (Sarcoma)

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Metastases to Brain

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Edmund N. Kerper, M. D.

2/12, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Winchester Va	2/12/25
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Bway

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95148 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95148

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1742 S. Hanover St., 23-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma J. Bell

(a) Residence No. 1742 S. Hanover St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Joseph H. Bell

6-DATE OF BIRTH (month, day and year) May 30 1881

7-AGE. 43 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country) Md

PARENTS.
10-NAME OF FATHER, John H Sadler
11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country) Md
12-MAIDEN NAME OF MOTHER, Caroline T Whiteley
13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country) Md

14- (Informant) Joseph H Bell
(Address) 1742 S Hanover St

15- Filed Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 12/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1925 to Feb 12 1925
that I last saw h~~e~~ alive on Feb 12 1925
and that death occurred, on the date stated above, at 2 30 a.m.
The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Epluanction

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. L. Campbell M. D.

12 1925 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Baltimore Cem	Feb 14 1925
20-UNDERTAKER	ADDRESS
Williams Lee & Co	Franklin

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95149 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95149

CERTIFICATE OF DEATH. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Guilford Ave 21st St. (Ward) 12-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie M. Gill

(a) RESIDENCE NO. Home of Incurables ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F Gill

6 DATE OF BIRTH (month, day, and year) Nov 13 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Georg Messenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bohn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Robert Gill 327 N. Fulton Ave

15 Robert P. Harrison Registrar

12 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 12 1925 to Feby 10 1925

that I last saw h[illegible] alive on Feby 10 1925

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the gall bladder

(duration) Not known mos. ds.

CONTRIBUTORY (Secondary) Chronic Infections (duration) not known yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) W W B Mayo, M. D.

2/12, 1925 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem — DATE OF BURIAL Feby 13 1925

20 UNDERTAKER John O. Mitchell — ADDRESS 1211 W Fayette

TION is very important. See instructions on back of certificates.

Spec.-1-10-21—M&T—1500 Bks.

D 95150

177972

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95150

CERTIFICATE OF DEATH.

× 49

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 27-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred W. Degan

(a) RESIDENCE NO. 5 Harris Ave, Belair, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 29 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Degan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary L. Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Baltimore Md

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 FEB 12 1925 19 Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to February 10, 1925.

that I last saw h alive on February 10, 1925

and that death occurred, on the date stated above, at 9.40 P.M.

The CAUSE OF DEATH* was as follows:

Brain Tumor — glioma infiltrating medulla

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Laryngeal Paralysis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Feb 8, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ London Park

DATE OF BURIAL FEB 14 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95151

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95151

CERTIFICATE OF ~~DEATH~~.

1-PLACE OF DEATH

City of BALTIMORE: (No. 128 E. Virginia St., 27 Ward)

Registered No. 3390

2-FULL NAME Samuel M. Hoffmaster

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 128 E. Virginia Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary A.

6-DATE OF BIRTH (month, day and year): Nov 6 1849

7-AGE: 75 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: ...

9-BIRTHPLACE (city or town) (State or Country): West Virginia

PARENTS.

10-NAME OF FATHER: James Hoffmaster

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant): Mary A. Hoffmaster

(Address): 128 E. Virginia

15- Filed 1 2 1925, 19... Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 2-11-25

17- I HEREBY CERTIFY, That I attended deceased from for some time, 19... to ..., 19..., that I last saw him alive on Feby 11th, 1925, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis, Chronic Nephritis & Valvular Heart Disease

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): senile degeneration

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. O. Wash, M. D.

July 12, 1925 (Address) Professional Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: 2/13, 19 25

20-UNDERTAKER: Wm Cook

ADDRESS: 502 E North

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95152

D 95152

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 16-7 WARD)

2-FULL NAME Jennie Bacon

(a) RESIDENCE NO. Bay View Asylum ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Bacon

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Catherine Johnston

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

12 1925 Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-10 1925 to 2-10 1925

that I last saw her alive on 2-10 1925

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Chronic Myocarditis (Degenerative); Auricular Fibrillation

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) Claude E. Heuss, M. D.

2-11, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 2/13 1925

20 UNDERTAKER Edw. Cook & Son — ADDRESS E. Lanvale

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-00

D 95153

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3532 Chestnut Ave. ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Lovell

(a) RESIDENCE NO. 3532 Chestnut Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: David Lovell

6 DATE OF BIRTH (month, day, and year) March 31-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George H. Mudd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant: Miss C. Estelle Lovell (Address) 3532 Chestnut Ave.

15 [illegible] 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11- 1925.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1920, to Feb 11, 1925.

That I last saw her alive on Feb. 10, 1925.

and that death occurred, on the date stated above, at 2.55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral and general arteriosclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary odema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

19 (Address) Feb. 11-25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampden) DATE OF BURIAL: Feb. 13 1925

20 UNDERTAKER: Isaac F. Burgee ADDRESS: 363 Falls Road

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95154

1-PLACE OF DEATH

City of BALTIMORE: (No. 1722 Pitcher Street, 15-7 90 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna L Murray

(a) Residence No. 1722 Pitcher Street St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of W Emory Murray

6-DATE OF BIRTH (month, day and year) Oct 14 1846

7-AGE 78 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Forewoman

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, Edward Liston

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Rebecca —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) E Wilson Murray

(Address) 1722 Pitcher Street

15- Filed Jan 12 1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 11 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to Feb 11, 1925, that I last saw h alive on Feb 11, 1925, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Not Known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Collins M. D

2/12/25 (Address) 2757 W. Monte

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
W Lawn Cemetery	Feb 15 1925
20-UNDERTAKER.	ADDRESS.
Peterson & Lee	1423 Eutaw Place

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 101-08

B 95155

1-PLACE OF DEATH

City of BALTIMORE: (No. 1746 N. Chester St. St., 8-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Eliza E. Jones

(a) Residence No. Town Marlboro, Calvert Co. St., Ward. Town Marlboro Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C Jones

6-DATE OF BIRTH (month, day and year) Mar 2nd 1857

7-AGE. 67 yrs. 11 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, Jos. J. Turner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Calvert Co.

12-MAIDEN NAME OF MOTHER, Watson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Calvert Co

14- (Informant) Mrs J. A. Norfolk
(Address) 1746 N. Chester St

15- 12 1925 Robert P. Harrison, 192 Registrar.
Burial Permit Clerk.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/11/25

I HEREBY CERTIFY, That I attended deceased from February 8 1925 to February 11 1925 that I last saw her alive on February 11 1925 and that death occurred, on the date stated above, at 605 P. M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Examination

(Signed) Albert Disney M. D.

2/12. 1925 (Address) 2027 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lower Marlboro, Md. DATE OF BURIAL. 2/13/1925

20-UNDERTAKER. C. J. Hennig & Son ADDRESS 1938 E. Lafayette Ave

Cor.—1-12-23—M&T—100 Bks.

D 95156

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95156

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E. North Ave ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine O'Toole

(a) RESIDENCE NO. 1219 E. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John O'Toole

6 DATE OF BIRTH (month, day, and year) Jan 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Walter Welch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Monohan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Ella Hayden
(Address) 1219 E. North Ave

15 Filed 1-2-1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Prob. Myocard Fat)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility-Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J. E. Wallis, M. D.
(Coroner.)

2-12-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Newark-New Jersey

DATE OF BURIAL Feb 13 1925

20 UNDERTAKER Richard F. Curley

ADDRESS 1108 Guilford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95157

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95157

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 500 E. Barney St., 24-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Andrew Stevens

(a) Residence No. 500 E. Barney St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 21st 1924

7-AGE. ....yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jos. J. Stevens

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Maud Mumford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Caroll Co. Md.

11- (Informant) Jos. J. Stevens

(Address) 500 E. Barney

13- Filed Robert P. Harrison Registrar.

12 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 11-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1925 to Feb 11 1925

that I last saw h[illegible] alive on Feb 11 1925

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Congestion of lung.

(Duration) yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Can't say

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination only.

(Signed) C Hann M. D.

, 19 (Address) 1215 Hanover St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Cedar Hill Cemetery	2/13/25
20-UNDERTAKER,	ADDRESS
E J Fanning Inc	1460 Bethany Ave.

Cor.—1-12-23—M&T—100 Bks.

D 95158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95158

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Belnord Ave ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Young

(a) RESIDENCE NO. 507 N. Belnord Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Young

6 DATE OF BIRTH (month, day, and year) Aug 30-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. Bramfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER E. Molvina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gertrude E. Young

(Address) 507 N. Belnord Ave

15 Filed 12 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) undetermined probably senility (duration) yrs. mos. ds.

(Signed) J. A. Collins, M. D. (Coroner)

2-12-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn DATE OF BURIAL Feb 14 1925

20 UNDERTAKER W. Cook ADDRESS 502 E. Fort Ave

D 95159

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95159

CERTIFICATE OF DEATH.

24-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4000 Groveland Ave. 28-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Newman

(Residence in Baltimore: No. 4000 Groveland Ave St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): single

6-DATE OF BIRTH: June (Month) 19 (Day) 1850 (Year)

7-AGE: 64 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): NO

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: James Newman

11-BIRTHPLACE OF FATHER, (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Margaret Sullivan

13-BIRTHPLACE OF MOTHER, (State or Country): Canada.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. P. McGinley

(Address) 4000 Groveland Ave

15- FEB 13 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said decreased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) no contributory.

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. T. Hennessy, M. D. (Coroner.)

Feb. 10, 1925 (Address) 2802 Eutaw Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 2/13/25

20-UNDERTAKER: W. J. Tichenor & Son — ADDRESS: Bath & Pine

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95160

CERTIFICATE OF DEATH.

+ 38

D 95160

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 5-1 WARD)

2-FULL NAME Priscilla Parker.

(a) RESIDENCE NO. Owings Mills ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 10 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Stockton Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant University Hospital (Address)

FEB 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1925, to Feb. 12, 1925

that I last saw her alive on Feb 11, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Syphilitic Hypertensive Cardiovascular Disease.

(duration) 4 yrs. ? mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Wm S. Love Dr. M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

[illegible] DATE OF BURIAL Feb 15 1925

20 UNDERTAKER ADDRESS

WC Brooks & Sons

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95161

CERTIFICATE OF DEATH.

90 D 95161

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 806 Vine ST., 18-2 WARD)

2-FULL NAME Richard Allen

(a) RESIDENCE NO. 806 Vine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ? ? 1872

7 AGE: Years 52 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: James Allen

(Address): 746 Penna Ave

15 Filed FEB 13 1925, 19..

ROBERT A. KRAUTH, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1925, to Feby 10, 1925.

that I last saw h... alive on Feby 9, 1925.

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

Pyelonephritis

(duration) yrs.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1925 (Address) 119 N Arrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: 2/13 1925

20 UNDERTAKER: Emmett D Bradley

ADDRESS: 1128 Eddelson

SEE INSTRUCTIONS on back of certificates. IMPORTANT. See Instructions

DAKS

D 95162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 95162

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1104 Brevard St. St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Frank E. Brown

(Residence in Baltimore: No. 1104 Brevard St. St.; yrs. 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. Sept. 8, 1923
(Month) (Day) (Year)

7-AGE. 1 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Edward Brown

11-BIRTHPLACE OF FATHER. (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Eliz. Fleet

13-BIRTHPLACE OF MOTHER. (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliz. Brown

(Address) 1104 Brevard St.

FEB 13 1925 Filed ..... 192? ROBERT R. KRAUTER. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 11, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)* no history of any other illness

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Hennessy M. D.
(Coroner)

Feb. 12, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn — DATE OF BURIAL. Feby 13th 1925

20-UNDERTAKER. Samuel Bewley H Biddle — ADDRESS 578

Spec.—1-10-21—M&T—1500 Blks.

D 95163

HEALTH DEPARTMENT—CITY OF BALTIMORE

95163

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Green

(a) RESIDENCE No. 1041 W. Lexington St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Green

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Ida Reed

(Address)

15 Filed FEB 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11/25

17

I HEREBY CERTIFY, That I attended deceased from 2/9/25, 19..., to 2/11/25, 19...,

that I last saw her alive on 2/11/25, 19...

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH was as follows:

Chronic Diffuse Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. C. Dolley, M. D.

2/11, 1925 (Address) Mercy Hos

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon — DATE OF BURIAL 2/14/ 1925

20 UNDERTAKER Boyd & Hemsley — ADDRESS 578 N Biddle

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95164

CERTIFICATE OF DEATH.

D 95164

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 786 W Mulberry st 17-3 Ward) 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Coates

(a) Residence No. 786 W Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Wid

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas Coates

6-DATE OF BIRTH (month, day and year) 1851

7-AGE. 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Saml Brooks

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Hattie Hutchins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

11- (Informant) Walter Coates

(Address) 786 W Mulberry St

15- Filed FEB 13 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 10 25

17- I HEREBY CERTIFY, That I attended deceased from July 4 1925 to July 10 1925

that I last saw h alive on July 9 1925

and that death occurred, on the date stated above, at 3:40 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chr Int Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas S Chamberlayne, M. D.

July 10, 1925 (Address) 1504 W Mulberry St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. July 13, 1925

20-UNDERTAKER, Samuel T Kemberling & H Biddle

ADDRESS 578

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-001 D 95165

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Lorman st ST. 15-13 WARD)

2-FULL NAME Lucy Braxton

(a) RESIDENCE. No. 1720 Lorman st ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER Wm. Braxton

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Wood

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Isaac Braxton
(Address) 1720 Lorman St.

15 Filed FEB 13 1925, 19.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10- 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-6- 1925, to 2-10- 1925,

that I last saw h[illegible] alive on 2-7- 1925,

and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar).

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? ✓

(Signed) George C Page M. D.

19 (Address) 1816 N. McHenry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Feb 13 1925

20 UNDERTAKER mrs. Jas. K. Dennis and J. E. Nelson

ADDRESS 1303 Pennsylvania Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95166

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95166

CERTIFICATE OF DEATH.

100-901

1-PLACE OF DEATH
City of BALTIMORE: (No. 508 Aisquith St., 10-2 Ward) Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Pesha Bell Levenwall

(a) Residence No. 508 Aisquith St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., If of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 77 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or...min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER Louis Levinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Charles Levenwall
(Address) 508 Aisquith St

15- Filed FEB 13 1925
ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/12/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 7, 1925 to 2/11, 1925
that I Last saw h[illegible] alive on 2/11, 1925
and that death occurred, on the date stated above, at 9 30 a.m.
The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Stromatten, M. D.
2/12, 1925 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Southern Ave — DATE OF BURIAL, 2/13, 1925

20-UNDERTAKER, S. Levinson & Bro — ADDRESS 1127 E Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 D 95167

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4510 Park Heights Ave. St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... J. George Frainie

(a) Residence No. 4510 Park Heights Ave. St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 2, 1874

7-AGE, 50 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Assessor

(b) General nature of industry, business, or establishment in which employed (or employer)..... Appeal Tax Court, City.

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country)..... Maryland

PARENTS.

10-NAME OF FATHER, George Frainie

11-BIRTHPLACE OF FATHER (city or town)..... Germany
(State or Country),

12-MAIDEN NAME OF MOTHER, Susanna Smith

13-BIRTHPLACE OF MOTHER (city or town)..... Baltimore
(State or Country)..... Maryland.

14- (Informant)..... Mrs. Susanna Frainie
(Address)..... 4510 Park Heights Ave.

15- Filed..... 1925 ROBERT N. KNOTTER
Burial Permit Clerk

FEB 13 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 4, 1924 to Feb 11, 1925 that I last saw him alive on Feb 11, 1925 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw V. Poolehart, M. D.

2-12 1925 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Pine Ridge Cem	Feb 13, 1925
20-UNDERTAKER.	ADDRESS
Joseph B. Cook	1003 N. Dallas

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95168

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95168

CERTIFICATE OF DEATH.

3-129

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 Albemarle St., 3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank Delgavio

(a) Residence No. 403 Albemarle St., 3 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, ~~Widowed, or Divorced.~~ (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6-DATE OF BIRTH (month, day and year) Oct 10th 1853

7-AGE. 71 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Merchant

(b) General nature of industry, business, or establishment in which employed (or employer). 045

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Dominick Delgavio

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Mary Covinelli

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Italy

14- (Informant) D. Macciola

(Address) 1709 N. Register st

15- Filed ... 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 11/25

17- I HEREBY CERTIFY, That I attended deceased from December 1, 1924 to Feb 11 1925

that I last saw h. alive on Feb. 11 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Myocarditis

Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Antigiani M. D.

, 19 (Address) 294 E. Fayette

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Feb 14th 1925

20-UNDERTAKER. Frank V. Pipitone — ADDRESS 1800 E. 32nd st

Spec.—1-10-21—M&T—1500 Bks.

Theodore Barnes.

D 95169

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-0016 95169

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barnes Theodore

(a) RESIDENCE NO. 714 W Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Nellie Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Nellie Barnes (Address) 714 W. Lombard St.

15 FEB 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/9 1925 to 2/10 1925.

that I last saw him 8 p.m. alive on Febr. 9th 1925.

and that death occurred, on the date stated above, at 8 25 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

Was diagnosed January the 19th up to February the 2nd (duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Empyema (duration) yrs. mos. 8 ds.

18 Where was disease contracted, if not at place of death? Nursery and Children St Hospital

Did an operation precede death? yes Date of 2/9/25

Thoracocentesis

Was there an autopsy? yes

What test confirmed diagnosis? Thoracocentesis + autopsy findings

(Signed) W. S. Anderson M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL Feb 13 1925

20 UNDERTAKER Mary E. Krebs

ADDRESS 425 S Paca St

TION is very important. See instructions on back of certificates.

D 95170

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95170

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 Shields alley 17-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Lockhart

(Residence in Baltimore: No. 1015 Shields alley St.; yrs. 44 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	married

6-DATE OF BIRTH. about 1881 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
44 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John Asbell

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geny Carroll

(Address) 930 Penna Ave.

15- FEB 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 11 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute gastro-enteritis 3 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ac. Dilatation of heart 20 minutes

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

Feb. 12 1925 (Address) 2802 Eastern Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Calvary	2-14-25

20-UNDERTAKER.	ADDRESS
Dennis Taylor	916 E 89

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95171

CERTIFICATE OF DEATH.

90D 95171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Washington Fisher

(a) RESIDENCE NO. 843 Stockholm ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER William Connick

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Ambrose

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed FEB 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-31, 1925, to 2-11, 1925,

that I last saw her alive on 2-11, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis;
Mitral stenosis & insufficiency
(Rheumatic)

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) Clyde G. Drace, M. D.

2-12 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 2-15 1925

20 UNDERTAKER

ADDRESS 9/6 Baltimore

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

95172

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95172

CERTIFICATE OF DEATH.

6-3 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 131 N. Curley St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Seippel

(a) Residence No. 131 N. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Jacob Seippel

6-DATE OF BIRTH (month, day and year) June 12, 1841

7-AGE. 83 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home

(b) General nature of industry, business, or establishment in which employed (or employer). 0.0.

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Leubecher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14- (Informant) Theresa Seippel

(Address) 131 N. Curley St

15-

Filed 192 ROBERT R. KRAUTER Registrar.

FEB 13 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 11/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 19-25 19 to Feb. 11-25 19

that I last saw h[illegible] alive on Jan 29-25 19

and that death occurred, on the date stated above, at 5 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Frederick D. Heymann M. D

Feb 12 19 25 (Address) 2936 Bel Air Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Pauls Cemetery

DATE OF BURIAL. Feb. 13 1925

20-UNDERTAKER. H. Sander Sons

ADDRESS 1710 Pratt

Spec.—1-10-21—M&T—1500 Bks.

D 95173

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95173

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Payson ave & Dukeland ST., 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Peter Zopf - Harrell Park

(a) RESIDENCE NO. 2323 Jones ST., ...WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Zopf

6 DATE OF BIRTH (month, day, and year) May 26, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wagon Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John Bielefeld

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Zopf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Lena Zopf (Address) 2323 Jones St

15 FEB 13 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/25 19

17 I HEREBY CERTIFY, That I attended deceased from 2/8, 1925, to 2/12, 1925, that I last saw him alive on 2/12, 1925, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Cancer of mouth.

(duration) 1 yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clement R. Monroe, M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Feb. 14 1925

20 UNDERTAKER H. Sander Sons ADDRESS 1710 Eutaw St

TION is very important. See instructions on back of c

Spec.—1-10-21—M&T—1500 Bks.

95174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 95174

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospitals St. at V2 Ward

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ring

(a) RESIDENCE NO. 50 & Hilton Ave St. WARD 11

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Mary Ring

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE: Years 75; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Box Makers

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Godfrd Ring

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant: Boy View Hosp records. (Address)

Filed FEB 13 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/2 1925 to 2/10 1925

that I last saw him alive on 2/10 1925

and that death occurred, on the date stated above, at 12 15/20 m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

left foot

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Arnold Krause M. D.

, 19 (Address) Boy View Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem.

DATE OF BURIAL: Feb. 13 1925

20 UNDERTAKER: H. Sander Sons

ADDRESS: 1710 Eastern

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Sable.

95175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 D 95175

REGISTERED NO. .....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Municipal Hospital ST., or (Name of Institution)

2-FULL NAME John Sobel

(a) RESIDENCE NO. 724 S Bdwy ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown 1860

7 AGE: Years 65 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): O&D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Newspark State

PARENTS

10 NAME OF FATHER: Theodore Sobel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Anna Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Bay View Hospital Records

15 Filed FEB 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/25, 1925, to 2/10 1925

that I last saw him alive on 2/10 1925

and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left tonsil with Metastasis to Neck

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lobarly

(Signed) Ernest R Quesse M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MX Carmel — DATE OF BURIAL: 2/14 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Monument

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95176 / HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002 D 95176

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 315 S Central ave St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis A Courtney

(a) Residence No. 315 S Central ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 30 1843

7-AGE. 82 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balt

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balt

11- (Informant) Mary Courtney

(Address) 315 S Central

15- Filed FEB 13 1925, 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 12 1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 1 19 25 to Feb 12 19 25

that I last saw h alive on Feb 12 19 25

and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Sudden Heart Failure.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D

Feb 13 1925 (Address) 14 So Howard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Forane

DATE OF BURIAL, Feb 14, 1925

20-UNDERTAKER, Wendell Oppel & Son

ADDRESS 372 Lex

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95177

CERTIFICATE OF DEATH.

17-2 147

D 95177

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 Atkinson Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luella P. Morgan

(a) RESIDENCE No. 2721 Atkinson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Perry B Morgan

6 DATE OF BIRTH (month, day, and year) March 29-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	37	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Chalk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary J. Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Perry Morgan

(Address) ~~2721 Atkinson Ave~~

15 FEB 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12-25

17 I HEREBY CERTIFY, That I attended deceased from Feb 8-25, 19 , to Feb 11-25. 19 ,

that I last saw her alive on Feb 11-25 , 19 ,

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Pilmonary Embolism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dead baby born Feb 8th- cause undetermined duration yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J S H Cullen M. D.

2-13 1925 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	Feb 14 1925
20 UNDERTAKER	ADDRESS
Spencroth & Son	3617 Chestnut Av

THIS is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95178

13-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 3105 Cedar Ave. St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl ~~Edward~~ Rudolfer Sloat

(a) Residence No. 3105 Cedar Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Sloat

6-DATE OF BIRTH (month, day and year) June 29-1891

7-AGE. 33 yrs. 6 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Edward G. Sloat

11-BIRTHPLACE OF FATHER (city or town) Penna (State or Country),

12-MAIDEN NAME OF MOTHER, Edith R. Artloff.

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

14- (Informant) Edward G. Sloat

(Address) 3105 Cedar Ave

15- FEB 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 12/25

17- I HEREBY CERTIFY, That I attended deceased from October 1, 1924 to February 12, 1925 that I last saw h. ~~him~~ alive on February 11, 1925 and that death occurred, on the date stated above, at 1245 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J. Davies, M. D.

2-12, 1925 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn	Feb 16 1925
20-UNDERTAKER.	ADDRESS.
Thomas & Son	961 Chestnut

Spec.—1-10-21—M&T—1500 Blks.

D 95179

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 95179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Mullen

(a) RESIDENCE NO. 863 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 27, 1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Gayner Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Ollide William

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Gayner Mullen

(Address) 863 Park Ave

15 Filed FEB 13 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1924 to Feb 10, 1925.

that I last saw h living on Feb 10, 1924

and that death occurred, on the date stated above, at 10 30 P m

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Md Genl Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy finding

(Signed) Fred W. Kratz, M. D.

, 19 (Address) Md. Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hamsden	Feb 13, 1925
20 UNDERTAKER	ADDRESS
Chenoweth & Son	Chestnut Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95180

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95180

CERTIFICATE OF DEATH.

B-1 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 E. Balto St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Kittlein

(a) Residence No. 931 E. Balto St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ½ yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Chas. Kittlein

6-DATE OF BIRTH (month, day and year) May 15 66

7-AGE. 55 yrs. 8 mos. 26 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), City

PARENTS.

10-NAME OF FATHER. Geo. Glenn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Penna

12-MAIDEN NAME OF MOTHER. Mary —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Penna

11- (Informant) Mary Cassidy

(Address) 4.21 Dean St. Brooklyn

12- Filed FEB 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/11/25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10 1925 to Feb 11 1925

that I last saw her alive on Feb 11 1925

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Valvular Disease

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ? yrs. ? mos. ? ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Morris Paulson M. D

19 (Address) 6 S. Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Oak Lawn	2/14 1925
20-UNDERTAKER. Philip Herring	ADDRESS 2066 Oliver St

Another physician - Dr. Heck - had been in attendance for months ago

Spec.—1-10-21—M&T—1500 Blks.

95181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 95181

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Boyle

(a) RESIDENCE NO. 323 Ringgold St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Boyle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss. Ed. Boyle (Address) 323 Ringgold St

15 Filed FEB 13 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 12th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to Feb. 12, 1925,

that I last saw her alive on Feb. 12, 1925,

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Purulent Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Edwards, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary, Balto

DATE OF BURIAL Febry 14 1925

20 UNDERTAKER John F. Cowan & Son. Per F. J. Cowan

ADDRESS 901 Baltimore St

IMPORTANT: See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95182

CERTIFICATE OF DEATH.

D 95182

1-PLACE OF DEATH Women's Hospital

Registered No. 14-159

City of BALTIMORE: (No. Lafayette & Johns St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Deitz

(a) Residence No. Womens Hospital Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 7, 1925

7-AGE. ....yrs. ....mos. 6 ds. If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Jacob H. Deitz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Clarion Pa.

12-MAIDEN NAME OF MOTHER. Bertie E. Kahn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14- (Informant) Jacob H. Deitz

(Address) Fairmont, West Va.

15- FEB 13 1925 19 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/12/25.

17- I HEREBY CERTIFY, That I attended deceased from Feb 7, 19 25, to Feb 12, 19 25, that I last saw h.. alive on Feb 12, 19 25, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

Since Birth (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) none

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) J. Arthur York, M. D.

, 19 (Address) Womens Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Balto. Hebrew Cem.	2/13/ 1925.
20-UNDERTAKER. David Londheim	ADDRESS 117 W. Mts. Royal Ave.

Spec.—1-10-21—M&T—1500 Blks.

95183 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95183

33

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Greenmount Ave WARD) 17-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine J. Murphy

(a) RESIDENCE NO. 1308 Greenmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos Murphy

6 DATE OF BIRTH (month, day, and year): Mar 17-1872

7 AGE: Years 52 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Houswork

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margt. Evason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: John H. Murphy

(Address): 1308 Greenmount Ave.

FEB 13 1925 Vincent N. Kaminski Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 11 1925

17

I HEREBY CERTIFY, That I attended deceased from JAN 27 1925, to FEB 11 1925.

that I last saw her alive on FEB 11 1925.

and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Genital Dropsy

(duration) x yrs. x mos. 5 ds.

CONTRIBUTORY (Secondary) Tubercular Peritonitis

Glands of Inguinal (duration) 2 yrs. ? mos. ? ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of x

Was there an autopsy? No

What test confirmed diagnosis? Eyone

(Signed) C. H. Duker M. D.

(Address) 928 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: Feb 14 1925

20 UNDERTAKER: N. C. Maidfield

ADDRESS: 914 Grenmount Ave

TION is very important. See instructions on back of

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95184

CERTIFICATE OF DEATH. 31

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1185 Chapel ST.: W-1 WARD)

2-FULL NAME Harry Lee

(a) RESIDENCE. No. 1185 E. Chapel ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25 - 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Harry Lee

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Emma Brown

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Harry Lee
(Address) 1185 E. Chapel.

15 Filed FEB 13 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1925, to Feb 10, 1925; that I last saw him alive on Feb 7, 1925; and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

acute nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) measles 1924 prob

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Wendell Bruce, M. D.

2-12-25, 19 (Address) 201 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet cemetery	Feb 15 1925

20 UNDERTAKER Hutton Bros ADDRESS 316 N Gilmor

Spec– 12-23-21—E.B.P.S.—400 Blks.

D 95185 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Warbington Blvd ward) St. 25-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME C. C. August Bruns

(a) Residence No. Washington Blvd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Louisa Bruns

6-DATE OF BIRTH (month, day and year) Sept 26 1866

7-AGE. 58 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS

10-NAME OF FATHER, August Bruns

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mrs Louisa Bruns

(Address) Washington Blvd

FEB 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 11 1925

17- I HEREBY CERTIFY, That I attended deceased from ✓ May – 1924 to Feb 11 1925

that I last saw h. alive on Feb 9 1925

and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Cancer of liver

(Duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Anemia and Cachexia

(Duration) yrs. 2 mos. 1 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ✓

Was there an autopsy? No ✓

What test confirmed diagnosis? Clinical findings

(Signed) Frederick J. Braden M. D

Feb 11, 1925 (Address) ✓ Keswick – Red.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Feb 14 1925

20-UNDERTAKER. Jos Joesdens Son ADDRESS 217 S Reg

Spec.—1-10-21—M&T—1500 Bks.

Irene R Taylor

D 95186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

D 95186

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 Dolphin ST., 17-1 WARD)

2-FULL NAME Irene White Taylor.

(a) RESIDENCE NO. 750 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (Write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harry Taylor

6 DATE OF BIRTH (month, day, and year): May 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Richard White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Charlotte Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mary Wade 750 Dolphin St

15 FEB 13 1925 ROBERT R. KRAUTER, Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 10th 1925

17 I HEREBY CERTIFY, That I attended deceased from January, 1925, to Feb. 10th 1925.

that I last saw h— alive on Feb. 10th, 1925

and that death occurred, on the date stated above at 10 P.M.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary): Following Pneumonia

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? Washington

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

19 (Address) 824 Hurst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	2/13/25 19
20 UNDERTAKER: George J. Ruth	ADDRESS: 1735 Hanford

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95187

CERTIFICATE OF DEATH.

101-001

D 95187

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1407 Hollins ST., 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Louise Lightwardt

(a) RESIDENCE No. 1407 Hollins ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 71 yrs. 2 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: Henry Lightwardt

16 DATE OF BIRTH (month, day, and year): Nov-19-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
	71	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Smyrna Delaware

PARENTS

10 NAME OF FATHER: Geo. W. Buchanan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Seaford Delaware

12 MAIDEN NAME OF MOTHER: Ann Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Smyrna Delaware

14 Informant: Mrs W. G. Lees - (Friend)

(Address) 2007 Family Av.

15 Filed FEB 13 1925, 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to Feb 11, 1925.

that I last saw h[illegible] alive on Feb 11, 1925.

and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. - mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis 5 yr - Pulmonary Oedema

(duration) Yr. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical

(Signed) Dan'l V. La Rodahan M. D.

, 19 (Address) 2247 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feby 14 1925.

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE

TION is very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95188 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95188

CERTIFICATE OF DEATH. 106-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 N Charles ST., VV-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Von Riesen Appold

(a) RESIDENCE NO. 3503 N Charles ST., 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? 83 yrs. 9 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Apr-28-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Appold

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan C. Von Riesen

13 BIRTHPLACE OF MOTHER (city or town) Winchester (State or country) Virginia

14 Informant Mr. Samuel T. Appold (Son)

(Address) 3503 N. Charles St.

15 Filed ..... 19.. Registrar

FEB 13 1925 MILTON H. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 4, 1925, to Feby 11th, 1925, that I last saw h. w. alive on Feby 11th, 1925, and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) ✓ yrs. ✓ mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 20+ yrs. — mos. ✓ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? ✓

(Signed) Edw Wan M.D., M. D.

2.12, 1925 (Address) 1515 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL Feby 15 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95189

CERTIFICATE OF DEATH.

24-24 001

D 95189

1-PLACE OF DEATH

City of BALTIMORE: (No. 1813 Jackson St St., 24-24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Laura Virginia Bartlett

(a) Residence No. 1813 Jackson St St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds How long in U. S., if of foreign birth? 79 yrs. 6 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Enoch T Bartlett

6-DATE OF BIRTH (month, day and year) August 1st 1845

7-AGE, 79 yrs. 6 mos. 10 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None pd.

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) Easton (State or Country), Talbot Co

PARENTS.

10-NAME OF FATHER, Samuel Hobbs

11-BIRTHPLACE OF FATHER (city or town) Easton (State or Country), Talbot Co

12-MAIDEN NAME OF MOTHER, Eliza Graham

13-BIRTHPLACE OF MOTHER (city or town) Easton (State or Country), Talbot Co

14- (Informant) Mrs Alex Bartlett (Dead)

(Address) 1826 N Charles St

15- FEB 13 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 11/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to Feb 11, 1925

that I last saw h alive on Feb 11, 1925

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R E L Campbell, M. D.

Feb 11, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL, July 13, 1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95190

CERTIFICATE OF DEATH.

B 95190

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mount Hope Retreat St., 2651 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Hannah J. Linehan

(a) Residence No..... Mount Hope Retreat St., 28 Ward Cambridge Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 40 yrs. 4 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 9-1884

7-AGE, 40 yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... Odd

(c) Name of employer.....

9-BIRTHPLACE (city or town) Cambridge
(State or Country), Mass

PARENTS.

10-NAME OF FATHER, Charles Linehan

11-BIRTHPLACE OF FATHER (city or town) (?)
(State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary A. Sheehan

13-BIRTHPLACE OF MOTHER (city or town) (?)
(State or Country), Ireland

14- (Informant) Records of Mt Hope Retreat

(Address) Mt Hope Balto Md.

15- Filed FEB 13 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1925 to Feb. 13 1925

that I last saw h. alive on Feb 13 1925,

and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

abt (Duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY (Secondary) Mau-Dep-Psychosis

abt (Duration) 3 yrs. 0 mos. 0 ds.

18-Where was disease contracted if not at place of death? Cambridge Mass

Did an operation precede death? N.A. Date of.....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cambridge-Mass. DATE OF BURIAL, Feby-13-1925

20-UNDERTAKER, STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95191

CERTIFICATE OF DEATH.

185 D 95191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Glasby

(a) RESIDENCE NO. 123 N Belnord Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Jan 16-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper 070
(b) General nature of industry, business, or establishment in which employed (or employer) Church Home &
(c) Name of employer Infirmary

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Anthony Glasby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jennie Glasby
(Address) 123 N. Belnord Ave

15 FEB 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

Fracture of left Femur-accidental fall on Feb 8-25)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Collins, M. D. (Coroner.)

2-13-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Patricks Cemtry	Feb 14 1925
20 UNDERTAKER	ADDRESS
John A Moran	500 E. Balto St.

Spec.—1-10-21—M&T—1500 Blks.

D 95192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-11 159-05 D 95192

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 Forester Ave. ST. ...WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Bunting.

(a) RESIDENCE NO. 202 Forester Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Single,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 18, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			25.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Bunting.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Bertha Pitcher.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Bertha Pitcher (Mother)

(Address) 202 Forester Ave.

15 Filed FEB 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to Feb 12, 1925, that I last saw h[illegible]live on Feb 11, 1925, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Congenital deformity

Lues

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H.C.L. Campbell M. D.

Feb 12 1925 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Feb 13 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E Fort Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

95193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95193

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Wilhelm Ave. ST., 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Schroth,

(a) RESIDENCE NO. 2 Wilhelm Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles Schroth,

6 DATE OF BIRTH (month, day, and year) March 10.1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis W. Schroth,

(Address) 2 Wilhelm Ave.

15 Filed FEB 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 1923 to Feb 12 1925, that I last saw her alive on Feb 12 1925, and that death occurred, on the date stated above, at 10-45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Over 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Ohler M. D.

Feb 13 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL FEB 16 1925

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE.

TION is very important. See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95194

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95194

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 615 N. Hamilton ave St. 27-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jewett Marcil

(a) Residence No. 615 N. Hamilton ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alexis B. Marcil

6-DATE OF BIRTH (month, day and year) Sept 12 1849

7-AGE. 75 yrs. 3 mos. — ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maine

PARENTS.

10-NAME OF FATHER, James Bryent

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maine

12-MAIDEN NAME OF MOTHER, Harriett Hamilton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maine

14- (Informant) Mrs John G. Dolliver

(Address) 615 N. Hamilton ave

15- Filed 1-3-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 12 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1925 to Feb 12 1925

that I last saw h.. alive on Feb 12 1925

and that death occurred, on the date stated above, at 3.10 P. M.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Delancey Jones M. D.

2/12 1925 (Address) 2718 Huntingdon Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Boston Mass DATE OF BURIAL. Feb 13 1925

20-UNDERTAKER. Henry Hoch Son ADDRESS 130 E Eager st

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95195

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95195

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 W. 31st St. ST.: 12-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Cyrel

(a) RESIDENCE. NO. 312 W. 31st St, ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 11-1925

7 AGE — Years — Months — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Leroy Cyrel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Genevieve Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 Filed FEB 13 1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 1925 to Feb. 11 1925 that I last saw h[illegible] alive on Feb. 11 1925 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

(Premature Delivery
Miscarriage 4½ month.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. G. Lloyd M. D.

19 (Address) 341 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health.

FEB 13 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95196

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hosp

City of BALTIMORE: (No. ..... St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wellington Carney

(a) Residence No. ..... Haltiwood, Pa St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of dont know

6-DATE OF BIRTH (month, day and year)

7-AGE. 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Penna. Water Power Co.

9-BIRTHPLACE (city or town). (State or Country). British Honduras

PARENTS.

10-NAME OF FATHER, dont know

11-BIRTHPLACE OF FATHER (city or town). (State or Country). dont know

12-MAIDEN NAME OF MOTHER, dont know

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). dont know

14- (Informant) Patient

(Address) .....

15- Filed FEB 13 1925 192 Robert P. Harrison, Registrar.

Burial Permit 01167

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 10 25

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 19 25 to Feb 10 19 25

that I last saw h. alive on Feb 10 19 25

and that death occurred, on the date stated above, at 5 55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Labor Camp

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. B. Seybert M. D

19 (Address) St. Jos. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. ..... 19 ..

20-UNDERTAKER. Commissioner Health,

ADDRESS FEB 13 1925

For Wm. R. WOODALL

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95197

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital 8-14 Registered No.....

City of BALTIMORE: (No.....St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ophia Cooper

(a) Residence No. 1900 Block Bridle St., 7 Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl

6-DATE OF BIRTH (month, day and year) dont know

7-AGE. 26 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unemployed

9-BIRTHPLACE (city or town) (State or Country), dont know

PARENTS.

10-NAME OF FATHER, dont know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), dont know

12-MAIDEN NAME OF MOTHER, dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), dont know

14- (Informant) Patient

(Address)

15- 3 1925 Robert P. Harrison, M.D. Registrar.

Burial Permit Clerk

0166

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2 | 10 | 25

17- I HEREBY CERTIFY, That I attended deceased from Feb 2, 1925 to Feb 10, 1925 that I last saw h. m alive on Feb 10, 1925 and that death occurred, on the date stated above, at 4 20 A p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G B Sybert M. D.

, 19 (Address) St Joo Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL, ... 19....

20-UNDERTAKER, Commissioner Health | ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 95198 — 1925 — 95198

CERTIFICATE OF DEATH

1-PLACE OF DEATH Boyd Jew Hospital — REGISTERED NO. 57-4

CITY OF BALTIMORE: (No.) Municipal Hospital St. Boyd Jew Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Edmonds.

(a) RESIDENCE NO. 111 Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Preston Edmonds.

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) — (State or country)

14 Informant Boyd Jew Hospital Records (Address)

15 Filed 13 1925, 19 — Registrar Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/17 1925, to 2/10 1925

that I last saw h[illegible] alive on 2/10 1925

and that death occurred, on the date stated above, at 4:35 P m.

The CAUSE OF DEATH* was as follows:

Frost bite gangrene both feet

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pedral Thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 2/8/25

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Arnold L. Jensen, M. D.

, 19 (Address) Boyd Jew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Bureau of Vital Statistics

0165 Clerk

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95199

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St. 26-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Harrison Taylor

(a) Residence No. Bay View Hospital St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1845

7-AGE. 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Virginia (State or Country).

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town). ? (State or Country),

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town). ? (State or Country),

14- (Informant) Municipal Hospital Records

(Address)

15- Filed, 192 Robert P. Harrison, Registrar.

FEB 3 1925 Burial 6164 Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-10-25

17- I HEREBY CERTIFY, That I attended deceased from 12-19, 1923, to 2-10, 1925, that I last saw him alive on 2-10, 1925, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senile Deterioration

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab

(Signed) Claude C. Dreese, M. D.

2-10, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, ... 19....
20-UNDERTAKER.	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health, FEB 13 1925

Spec.—1-10-21—M&T—1500 Blks.

D 95200

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95200

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 12-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Daymon

(a) RESIDENCE No. 203 E 20½ St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-7-25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ppd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Daymon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jeanette Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Jeanette Daymon

(Address) 203 - 20½ E St.

15 Filed FEB 13 1925, 19 Robert P. Harrison, Registrar

0162

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 11 19 25

17

I HEREBY CERTIFY, That I attended deceased from 2-7-, 19 25, to 2-11, 19 25,

that I last saw him alive on 2-10, 19 25

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Alexander Novey, M. D.

2/13, 19 25 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

FEB 13 1925

Spec.—1-10-21—M&T—1500 Bks.

D 95201

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Municipal Hospitals if Bay View) 46-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Keill.

(a) RESIDENCE NO. B. C. asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant (Address) Bay View Hospital records.

15 Filed , 19 Robert F. Harrison Registrar

13 1925

Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/29, 1924, to 2/11, 1925,

that I last saw him alive on 2/11, 1925,

and that death occurred, on the date stated above, at 2 45 m.

The CAUSE OF DEATH* was as follows:

Umbilical hernia

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? yes Date of 1/10/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Moses K Jenness M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Feb. 14, 1925.
20 UNDERTAKER	ADDRESS
M J. Sadowski.	905 S. Ann

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95202

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 16-71

City of BALTIMORE: (No. 1011 W. Lanvale St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Plunkett Broadbent

(a) Residence No. 1011 W. Lanvale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard I Broadbent

6-DATE OF BIRTH (month, day and year) April 9, 1865

7-AGE.	If LESS than 1 day.
59 yrs. 10 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, James Plunkett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ann Higgins

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

11- (Informant) Pasqualina Plunkett

(Address) 508 N. Arlington Ave.

15- Filed 3 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/12/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 15, 19 24 to Feb 12, 19 25, that I last saw h. x alive on Feb 11, 19 25, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

myocarditis and
cardiac insufficiency

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinosis (ovy.)

(Duration) 2 yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E H Hayward, M. D.

2/13, 19 25 (Address) 228 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Cathedral Cemetery	2/ , 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Myers and Son	805 N. Calvert

Spec.—8-24-14—M. & T.—2000 Bks.

D 95203

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95203

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Woodlawn Road St.: 21-3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard H. Morris

(Residence in Baltimore: No. 2415 Edmondson Ave St.: 24 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 20 1880, 1
(Month) (Day) (Year)

7-AGE, 44 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trained nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Trained NURSE

9-BIRTHPLACE, (State or Country), Annapolis, Md.

PARENTS.

10-NAME OF FATHER, William Morris

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Meyers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret Holmes

(Address) 2415 Edmondson Ave

15-

Filed ....., 191.... Registrar.

Robert P. Harrison

3 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11 1925
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 3d 1925 to Feb 11 1925, that I saw h[illegible] alive on Feb. 10 1925, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Hans F. Laucks M. D.

2/11, 1925 (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. — mos. — ds. In the State 44 yrs. 7 mos. 21 ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2415 Edmondson Ave

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, 2/14, 1925

20-UNDERTAKER H. O. Means & Son — ADDRESS 805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

D 95204 Annie Hoover

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs ~~George~~ Annie Hoover

(a) RESIDENCE NO. Glyndon Ave., ST., WARD Glyndon Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George. Hoover

6 DATE OF BIRTH (month, day, and year) Sept 23. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife -

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

PARENTS

10 NAME OF FATHER William Ragsdale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana -

12 MAIDEN NAME OF MOTHER Louise Bone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 (Sister) Informant Mrs Martha Brock. (city)

(Address) 1607 Broadway ave.

15 Filed 3 1925, 19 ... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 1925, to Feb 13 1925, that I last saw her alive on Feb 13 1925, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Diffuse Nephritis. Uremia

(duration) 5 yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Feb 7 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical -

(Signed) ... M. D.

, 19 (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Black Rock, Md. DATE OF BURIAL: Feb 16 1925

20 UNDERTAKER: W. C. Brooks Sparks Md ADDRESS ...

TION IS very important. See instructions on the

Spec.—1-30-21—M&T—1500 Blks.

D 95205

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95205

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Helen Hospital

CITY OF BALTIMORE: (No. ..... ST., 3W-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Peterson

(a) RESIDENCE NO. 316 S. Duncan St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ the late Anna J. Peterson

6 DATE OF BIRTH (month, day, and year) Oct 6th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 670

(b) General nature of Industry, business, or establishment in which employed (or employer) at Public School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr M. Peterson
(Address) 316 S Duncan St

15 FEB 3 1925 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1925, to Feb 12th, 1925, that I last saw him alive on Feb 12th, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Lab.

(Signed) J. Wassit, M. D.

2/12 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem — DATE OF BURIAL Feb 15 1925

20 UNDERTAKER Peter Nicolaus — ADDRESS 2060 Eastern Ave

Cor.—1-12-23—M&T—100 Bks.

D 95206

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95206

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 108 W. 25th St. (or) (12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George C Harley

(a) RESIDENCE NO. 108 W 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maud F. Harley

6 DATE OF BIRTH (month, day, and year) Dec 8-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	2	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 066
(c) Name of employer

9 BIRTHPLACE (city or town) Zeld Md
(State or country)

PARENTS

10 NAME OF FATHER W. C. Harley

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ferguson

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Jno J Carr
(Address) 108 W. 25 St

15 Filed 13 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Valvular disease of Heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) John J Morrow, M. D.
(Coroner.)

Feb 11 1925 (Address) 3632 Roland

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Feb 14 1925
20 UNDERTAKER	ADDRESS
W M Routson	2338 N Howard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95207

CERTIFICATE OF DEATH.

44 D 95207

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 306 Bedford St., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J. Sewell

(a) RESIDENCE NO. 306 Bedford St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem.	col.	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Rachel Sewell

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Geo. Sewell
(Address) 306 Bedford St.

15 Filed Feb 14 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1925, to Feb. 12, 1925, that I last saw h[illegible] alive on Feb. 11, 1925, and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

(duration) about yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and physical signs

(Signed) J. F. Sherwell, M. D.

Feb. 12, 1925 (Address) 2 E 2 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2-14 1925

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Hollins Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

95208

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95208

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1106 (Street) Claudemire (ST.) (13-5) (WARD) REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Travis

(a) RESIDENCE. No. 1106 Claudemire ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colred	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Demt Travis

6 DATE OF BIRTH (month, day, and year) Jan 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work atotnes

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 037

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Adeline Gadden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Demt Travis

(Address) 1106 Claudemire St

Filed Feb 14 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11th 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1924 to Feb 11th 1925, that I last saw her alive on Feb 11th 1925, and that death occurred, on the date stated above, at 8.10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism over

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Auscultation & Physical

(Signed) Geo. H. Lauenbacher, M. D.

(Address) 2215 N. Monta Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Portsmouth Va	2-15 1925
20 UNDERTAKER John H. Toadvine	ADDRESS 1027 Hound Hall Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95209

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95209

CERTIFICATE OF DEATH.

+207

1-PLACE OF DEATH Maryland Penitentiary 10-2 Registered No.....

City of BALTIMORE: (No. 954 Garrett St., St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carroll Gibson
Crapps, Md

(a) Residence No..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Black	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) ~~December~~ 1907

7-AGE. 18 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farm laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer .....

9-BIRTHPLACE (city or town) Unknown (State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country),

14- (Informant) Md Penitentiary Record
(Address) .....

15- Filed ..... 192 Robert P. Harrison, Registrar.

14 1925 Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-13-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925 to Feb 13, 1925 that I last saw h~~im~~ alive on Feb 13, 1925 and that death occurred, on the date stated above, at 12.40 A.m.

The CAUSE OF DEATH* was as follows: Dislocation of cervical vertebra.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) John M. Edmonds M. D.

, 19 (Address) 954 Forrest St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	2-14, 1925
20-UNDERTAKER. John H. Frader	ADDRESS 1027 Druid Hill Ave

Spec–12-23-21–E.B.R.S.–400 Bks.

(Disco)

D 95210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95210

1-PLACE OF DEATH

City of BALTIMORE: (No. 1026 N Gilmor St., 16-6 57 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertie Disco

(a) Residence No. 1026 N Gilmor St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 1876

7-AGE. 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dress

(b) General nature of industry, business, or establishment in which employed (or employer) makes

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm H. Disco

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Emma Thomas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Florida Frazier

(Address) 1026 Gilmor St

15- 4 1925 Robert P. Harrison Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/11/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 10, 19 25 to Feb 11, 19 25

that I last saw h. alive on Feb 11, 19 25

and that death occurred, on the date stated above, at 5 40P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. 13 1 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

2/12, 19 25 (Signed) H. S. McCard M. D.

(Address) 2005 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	2-14 19 25
20-UNDERTAKER. John H. Joachim	ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95211

CERTIFICATE OF DEATH.

D 95211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie T. Roberts

(a) RESIDENCE NO. 1612 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gladdis Roberts

6 DATE OF BIRTH (month, day, and year) Aug 12-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer ...

9 BIRTHPLACE (city or town) ... (State or country) Va

PARENTS

10 NAME OF FATHER Gilbert L. Roberts

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Va

12 MAIDEN NAME OF MOTHER Louisa Clayton

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Va

14 Informant Gladdis Roberts

(Address) 1612 Druid Hill Ave

15 Filed FEB 14 1925, 19 ... Registrar

Robert F. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 9th 1925 to Feb 12 1925 that I last saw h alive on Feb 12 1925 and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis 2d
peritonitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Appendicitis 2d
Suppuration (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. T. Hall, M. D.

. 19 (Address) 726 E 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	2-16-25

20 UNDERTAKER George T. Watson ADDRESS 1735 Lanvale Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95212

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95212

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Parkwood ST., 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hodges Ridgely

(a) RESIDENCE NO. 1532 Parkwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph S. Ridgely

6 DATE OF BIRTH (month, day, and year): June 30 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Alfred Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Chas. Ridgely

(Address) 1532 Parkwood Ave

15 4 1925

16 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13. 25

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to Jan 13, 1925.

that I last saw he alive on Jan 13, 1925.

and that death occurred, on the date stated above, at about 8 9 m.

The CAUSE OF DEATH* was as follows:

a Pneumonia Lobar

Cerebral Hemorrhage

Duration (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? all

(Signed) W. T. Riley, M. D.

Jan 13 1925 (Address) 1539 Bond ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Jan 14 1925
20 UNDERTAKER	ADDRESS
J. Frederick Loos	Northern

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95213 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 D 95213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No.....

City of BALTIMORE: (No. 601 Arlington Ave Govaks St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Roth

(a) Residence No. 601 Arlington Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Roth

6-DATE OF BIRTH (month, day and year) March 3. 1859

7-AGE. 65 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Conrad Rose

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katherine Walter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Henry Roth

(Address) 601 Arlington Ave

15- Filed 4-1925, 192 Robert P. Harrison, Registrar.
Burial Permit Clerk

Dr. Hall 1631 E. North Ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 12. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan-29-25, 19.... to Feb-12-, 1925 that I last saw her alive on Feb-12-, 1926 and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Myo-cardelis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Urinalysis

(Signed) E Gill Hall, M. D.

Feb 13, 1925 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Feb. 14, 1925

20-UNDERTAKER, D. Sander Sons ADDRESS 170 N. Gay St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95214

CERTIFICATE OF DEATH.

D 95214

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edmonson Ave near Elsinore ST.. 16 WARD) REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George D. Johnson

(a) RESIDENCE NO. Edmonson Ave near Elsinore WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) ~~WIFE of~~ Ella C Johnson

6 DATE OF BIRTH (month, day, and year) July 8 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	58	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lieut of M. N. G.

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 8/6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George W. Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Keehn

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs Ella C Johnson (Address) Edmonson Ave near Elsinore

15 Filed ..... 19 Robert P. Harrison, Registrar

141925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/25 19

17 I HEREBY CERTIFY, That I attended deceased from 1/27 ....., 1925, to 2/13/25 ....., 19 ....., that I last saw him alive on 2/12/25 ....., 19 ....., and that death occurred, on the date stated above, at 130 Ce m.

The CAUSE OF DEATH* was as follows:

Cardiac - failure

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [signature] M. D.

2/13, 1925 (Address) 375 Strieker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Feb 16 1925

20 UNDERTAKER Henry W Jenkins Son Co

ADDRESS Edmonson Ave & Gilmor

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95215

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95215

CERTIFICATE OF DEATH.

+45

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital W. Cabert St., 12-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs. Alexander Mickleyohn (Nannina Lavilla)

(a) Residence No. Murray Hill Hotel New York City N.Y. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Mickleyohn

6-DATE OF BIRTH (month, day and year) Jan. 22 1878

7-AGE. 47 yrs. mos. 21 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), New York City N.Y.

PARENTS.

10-NAME OF FATHER, John La Villa

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Sicily

12-MAIDEN NAME OF MOTHER, Adelaide Crainie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New Jersey

11- (Informant) Alexander Mickleyohn

(Address) Muray Hill Hotel New York

15- Robert P. Harrison,

Filed ..... 192 .....

4 1925 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from December 2, 1924 to Feb. 13, 1925 that I last saw her alive on Feb 13, 1925 and that death occurred, on the date stated above, at 12:55 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of The large bowel

about 1½ yrs. — mos. — ds.

(Duration)

CONTRIBUTORY (Secondary) C Partial intestinal obstruction peritonitis (post operative)

(Duration) 3 mos. yrs. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 19, 1924

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edwin B. Jones M. D.

, 19 (Address) U.M.H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cremation Loudon Park Cem.

DATE OF BURIAL. 2/14 1925

20-UNDERTAKER. Henry J. Jenkins Sons Co

ADDRESS Orchard and Eutaw Sts

Spec.—1-10-21—M&T—1500 Bks.

D 95216 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95216

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 E. Rayco Av ST. 27-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William D. Dramer

(a) RESIDENCE NO. 8 E. Rayco Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Wh	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Reed

6 DATE OF BIRTH (month, day, and year) Oct. 9th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk B&O.

(b) General nature of Industry, business, or establishment in which employed (or employer) Clerical 109

(c) Name of employer B&O R.R.

9 BIRTHPLACE (city or town) Bel Air Md.
(State or country)

PARENTS

10 NAME OF FATHER Rich. D James

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Susanna Dramer

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Wm D James Jr.
(Address) 4520 Ellerslie Av

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

B 14 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 12th, 1925, to July 14, 1925, that I last saw him alive on July 13th, 1925 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Apoplexy.

(duration) yrs. mos 36 hrs ds.

CONTRIBUTORY (Secondary) Paralysis (duration) yrs. mos. 24 hrs ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. A. Lovell, M. D.

7/14, 1925 (Address) 1605 Monkton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Feb 17 1925

20 UNDERTAKER Josiah Depue ADDRESS 1600 N. North Av

TION is very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Blks.

D 95217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95217

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 3-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Kiffe # 2

(a) RESIDENCE No. 1385 Gough ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. hrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/4/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry Kiffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lizzie (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 Robert T. Harrison, Registrar

4 1925 0171

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1925, to Feb 7, 1925;

that I last saw her alive on Feb 7, 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? .....

(Signed) Edmund H. Harper, M. D.

2/11, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 19

20 UNDERTAKER Com'r of Health ADDRESS FEB 13 1925

Rec. Wm. E. WOODALL

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95218

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95218

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1215 N. Stricker St., 16-6 Ward)

Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. W Worley

(a) Residence No. 1215 N. Stricker St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Worley

6-DATE OF BIRTH (month, day and year) May 31 1857

7-AGE. 67 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), England

PARENTS.

10-NAME OF FATHER, John Orgill

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) William J. Worley

(Address) 613 E. Fort Ave.

15- Feb 14 1925 192 Robert P. Harrison Registrar.

Chief Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 19 25 to Feb 12 19 25

that I last saw h alive on Feb 12 19 25

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Strauss M. D

2/12, 19 25 (Address) 1105 E Fort Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Feb 14 19 25

20-UNDERTAKER, Martin Gahegdon — ADDRESS 1827 W Northlue

Spec.—1-10-21—M&T—1500 Blks.

D 95219

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95219

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 Ellsworth. ST., 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Margaret Mueller

(a) RESIDENCE NO. 2037 Ellsworth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Justus Mueller

6 DATE OF BIRTH (month, day, and year) June 16-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Giessen (State or country) Germany

PARENTS

10 NAME OF FATHER Friedrich Wm. Hammel

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Margaret Heins

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Louis Mueller

(Address) 2640 E Hoffman St

15 Filed 2-14 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1925

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1925 to Feb. 13, 1925.

that I last saw her alive on January 12, 1925

and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Decompensation

(duration) yrs. mos 1 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? None

(Signed) Thos. F.O. Stevens M. D.

2/13, 1925 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Feb 16 1925
20 UNDERTAKER	ADDRESS
Geo. F. Ruth	1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95220

CERTIFICATE OF DEATH.

159

D 95220

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Rose ST., 9-3 WARD)

2-FULL NAME Baby Miller

(a) RESIDENCE NO. 2915 Rose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 1/2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 11 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	1/2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Katherine Abbey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Frank Miller

(Address) 2915 Reed st

15 Feb 4 1925, 19 Robert P. Harrison, Registrar

Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1925, to Feb 12, 1925, that I last saw h alive on Feb 12, 1925, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Asphyxia Neonatorum

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Symptoms

What test confirmed diagnosis?

(Signed) Thos Polk, M. D.

, 19 (Address) 451 E. 25 and St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Vincent Cemetery

DATE OF BURIAL Feb 14 1925

20 UNDERTAKER Garza & Ruth

ADDRESS 1230 Harford Ave.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95221

CERTIFICATE OF DEATH.

100-901

D 95221

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2909 W. Mosher ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Waller Lewis Brown

(a) RESIDENCE NO. 2909 W. Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 28/24

7 AGE: Years 1 Months Days 15 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER J Waller L Brown

11 BIRTHPLACE OF FATHER (city or town) S. C. (State or country)

12 MAIDEN NAME OF MOTHER Arline S. Brown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant (Address) J Waller L. Brown 2909 W. Mosher

15 4 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1925 to Feb 12 1925 that I last saw h alive on Feb 12 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(Duration) yrs. mos 5 da.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Surgical

What test confirmed diagnosis?

(Signed) H. Hawkins M. D.

2/13. 1925 (Address) 1 E Randall Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Feb. 14 1925

DATE OF BURIAL

20 UNDERTAKER: Chas. E. Franck

ADDRESS 802 Madison Ave

Robert P. Watson, Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95222

CERTIFICATE OF DEATH.

3MD 95222

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal tuberculosis Hospital 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clifton Smith

(a) RESIDENCE No. 535 Numeen st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant M.T.H. Records (Address)

15 Filed ..... 19 ..... Registrar

Robert P. Harrison, Burial Permit Clerk.

4 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1924, to Feb. 11, 1925, that I last saw him alive on Feb. 11, 1925, and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) I. B. Whaley, M. D.

2-11-25 19 (Address) Municipal Tbc Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	2/14 1925
20 UNDERTAKER	ADDRESS
Wm. E. White	1113 Eutaw St.

Spec.—1-10-21 M&T 1500 Blks.

U 95223

HEALTH DEPARTMENT—CITY OF BALTIMORE

95223

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 699 Vine ST., 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Walker

(a) RESIDENCE NO. 699 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown.

6 DATE OF BIRTH (month, day, and year): Unknown 1901 1897

7 AGE: 24 RBX 28 — Years ... Months ... Days ... IF LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Clayton Co Va.

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Unknown 7446 10

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant (Address): Sylvia Walker 699 Vine st.

15 Filed ..... 19 ..... Registrar

4 1925

Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Feb 10, 1925, that I last saw him alive on Feb 9, 1925, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) 0 yrs. 0 mos 24 ds.

CONTRIBUTORY (Secondary): none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R B Tennyson, M. D.

19 25 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 14 1925

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1225 Eutaw

Cor.—1-12-25—M&T—100 Bks.

95224 95224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-3 925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Johnson

(a) RESIDENCE NO. 145 N. Gay St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXX X

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	07			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) same

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) "

14
Informant Hopkins
(Address)

Filed 2-14 1925 . 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Emphysema-Thrombos Coronary Arteries

..... (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis

..... (duration) ... yrs. ... mos. ... ds.

(Signed) J S H Davis, M. D.
(Coroner.)

2-14-25 . 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL ... 192

20 UNDERTAKER Bureau of Health,

ADDRESS .....

FEB 14 1925

Per Wm. E. WOODALL

at J. H. H. via Coroner.

Srec—12-23-21—E.B.R.S.—400 Bks.

D 95225

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95225

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Esplanade Apt St., 13-6 Ward) 179

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME A. Harry Kahn (KAHN)

(a) Residence No. Entaw Place & Brookview St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Nov. 23/1863

7-AGE: 61 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Traveling Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS

10-NAME OF FATHER: Samuel Kahn

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Fanni Steiner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): A. F. Keller

(Address): Esplanade Apt

15-

Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 13/1925

17- I HEREBY CERTIFY, That I attended deceased from ....., 19..... to Feb. 13, 1925, that I last saw h.[illegible] alive on Feb. 1925, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstit nephritis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Melvin S. Rosenthal M. D.

, 19 (Address) 1227 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Chev Shalom — DATE OF BURIAL: Feb 15, 1925

20-UNDERTAKER: Harry Sondheim — ADDRESS: 1114 W Lexington

Spec.—1-10-21 M&T 1500 Bks.

D.95226 HEALTH DEPARTMENT—CITY OF BALTIMORE D.95226

CERTIFICATE OF DEATH.

REGISTERED NO. 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 S. Broadway ST., V-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josefa Mach

(a) RESIDENCE NO. 729 S. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of no. Peter Mach.

6 DATE OF BIRTH (month, day, and year) March 17-1856.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Gursz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ulimerca.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Peter Mach

(Address) 729 S. Broadway

15 4 1925 ....19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1924, to Feb 13, 1925, that I last saw h alive on Feb 12, 1925, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows: Carcinoma of breast

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no.

Did an operation precede death? yes Date of Jan 6. 25

Was there ah autopsy? no.

What test confirmed diagnosis? Ex of breast + abd op.

(Signed) Geo. C. Ney M. D.

Feb 13 1925 (Address) 2401 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL Feb. 17. 1925.

20 UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Bun

Spec.—1-10-21—M&T—1500 Bks.

18406 D 95227

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95227

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 100-001

CITY OF BALTIMORE: (No. ..... ST., 5-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Lassiter

(a) RESIDENCE No. 142 (Usual place of abode) N. Elderey St. ST., ... WARD .....

Length of residence in city or town where death occurred (yrs. 22) mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store

(b) General nature of industry, business, or establishment in which employed (or employer) — 045

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Harry Lassiter

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Lena Jean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant ..... (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed 14 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1925, to Feb. 12, 1925, that I last saw h.m alive on Feb. 12, 1925, and that death occurred, on the date stated above, at 12 30 7m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb 7, 1925

Was there an autopsy? Yes.

What test confirmed diagnosis? .....

(Signed) Julian D Hart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Goldsboro N.C.	2/14/25 1925
20 UNDERTAKER	ADDRESS 1218
Byron Wright	Mc. Elderry

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95228

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95228

CERTIFICATE OF DEATH.

10-2 91-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 910 E Biddle St., 10-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine R. Didusch

(a) Residence No. 910 E Biddle St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. — mos. — ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph M. Didusch

6-DATE OF BIRTH (month, day and year) May 2 1853

7-AGE. 71 yrs. 9 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Germany
(State or Country),

PARENTS.

10-NAME OF FATHER, Joseph Doelsch

11-BIRTHPLACE OF FATHER (city or town) Germany
(State or Country).

12-MAIDEN NAME OF MOTHER, Elizabeth Emmrich

13-BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country).

11- (Informant) Mr. Joseph M. Didusch

(Address) 910 E Biddle St

13- Filed 4 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 13 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 8, 1925 to Feb 13 1925

that I last saw h[illegible] alive on Feb 12 1925

and that death occurred, on the date stated above, at 7:50 a.m.

The CAUSE OF DEATH* was as follows:

Asthma - (Bronchial)

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Wise M. D

2/13, 1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	Feb. 16, 1925

20-UNDERTAKER.	ADDRESS
Henry Hoech Son	1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95229 D 95229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1117 Battery ave St., 24-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mark Preston Bayer

(a) Residence No. 1117 Battery ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, ~~Married~~, ~~Widowed~~, or Divorced, (Write the word.)
Male	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feby 10/25

7-AGE	If LESS than 1 day,
yrs. mos. 3 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Arthur F Bayer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Mich.

12-MAIDEN NAME OF MOTHER Katie E Hanson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

11- (Informant) Arthur F Bayer

(Address) 1117 Battery Ave

15- Filed Feb 14 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 13/25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10, 19 25, to Feb. 13, 19 25,

that I last saw her alive on Feb 13, 19 25,

and that death occurred, on the date stated above, at 8.15a m.

The CAUSE OF DEATH* was as follows:

Unknown

Premature birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undeveloped Insufficient Vitality

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Hann M. D.

Feb 14, 1925 (Address) 4215 Hamilton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	Feb 14 19 25
20-UNDERTAKER,	ADDRESS
Wellman Cook & Spalding Co	

Spec.—1-10-21—M&T—1500 Bks.

1784 1903 95230 HEALTH DEPARTMENT—CITY OF BALTIMORE 1901-00 D 95230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 1-12 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Warfield

(a) RESIDENCE No. 524 N Eden St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divoreed, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1886

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) — 070

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Annie Bernstein

13 BIRTHPLACE OF MOTHER (city or town) D. C. (State or country)

14 Informant Records Dr (Address) JOHNS HOPKINS HOSPITAL

15 Filed 4 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 - 1925 to Feb 12 - 1925, that I last saw him alive on Feb 12 - 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

. 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 2-16 1925

20 UNDERTAKER Wm. Chas. D. Bailey

ADDRESS 1421 Jefferson St

Spec.—1-10-21—M&T—1500 Blks.

D 95231

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95231

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (ST.) (WARD)

2-FULL NAME George Jackson

(a) RESIDENCE No. 16 W. Hill St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

7-REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	25	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 003

(b) General nature of industry, business, or establishment in which employed (or employer) Baker

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country) Richmond

PARENTS

10 NAME OF FATHER Henry P. Jackson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Annie T. McAleary

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Harford Road
(Address)

15 Filed ....., 19 .....

14125

Robert P. Harrison,
Burial Permit Clerk.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23/191-

17

I HEREBY CERTIFY, That I attended deceased from 2/4/23, 19..... to 2/23/29-.

that I last saw h— alive on 2/23/23, 19

and that death occurred, on the date stated above, at 3.05-a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Holden, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Feb. 17 1923

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95232

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95232

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1503 Henry St St., 19-2 89 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Thomas H. Kane

(a) Residence No.... 1503 Henry St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1857

7-AGE, 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Lithographer

(b) General nature of industry, business, or establishment in which employed (or employer)... Retired

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Wm. Kane

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Deason

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Geo. P. Elliott

(Address) 1503 Henry St

15- Filed 2-14 1925 Robert P. Garrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 12 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 4, 1925 to Feb 12 1925

that I last saw h. alive on Feb 10, 1925

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Edema, acites

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. L. Kreamer M. D.

2-13, 1925 (Address) 1 E Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	Feb 16 1925
20-UNDERTAKER,	ADDRESS
Margaret J. Flynn	1422 Light St.

Spec.—1-10-21—M&T—1500 Bks.

D 95233

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95233

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 23-2 WARD)

2-FULL NAME Thomas J. Murray

(a) RESIDENCE NO. 1304 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 006

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Jas. T. Murray

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Norton

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Feb 4 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1925, to 2-12, 1925 that I last saw him alive on 2-12, 1925 and that death occurred, on the date stated above, at 9:55 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism
Korsakoff's Syndrome
(duration) 9 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Lab.

(Signed) Claude G. Dunn, M. D.

2-12 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Feb 16 1925

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95234

CERTIFICATE OF DEATH.

90 D 95234

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 18-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Roberts

(a) RESIDENCE No. 1032 W. Saratoga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jenn Dickson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Municipal Hospital Records (Address)

15 Filed 1 4 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-11, 1925, to 2-11, 1925, that I last saw her alive on 2-11, 1925 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis and Myocarditis; Myocardial degeneration

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis Autopsy

(Signed) Claude S. Dixon, M. D.

2-13, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Feb. 16 1925

20 UNDERTAKER Eugene Waters — ADDRESS 2760 W. Pratt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95235

CERTIFICATE OF DEATH.

100-00 D 95235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Banks

(a) RESIDENCE NO. ? ST, Mura WARD

(Usual place of abode) 2105 →

Length of residence in city or town where death occurred ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Krause

6 DATE OF BIRTH (month, day, and year) Feb 26 1870

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wire drawing

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Trenton N. J.

PARENTS

10 NAME OF FATHER John F. Banks

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Neff ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Municipal Hospital Records 1

15 FEB 4 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-7, 1925, to 2-13, 1925; that I last saw him alive on 2-13, 1925 and that death occurred, on the date stated above, at 5 PM

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

Secondary Meningitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Path.

(Signed) Claude E. Dease, M. D.

2-14 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trenton New Jersey	Feb 14 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Leight

Spec.—1-10-21—M&T—1500 Bks.

D 95236

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95236

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 6-1 WARD)

2-FULL NAME Connie Gray

(a) RESIDENCE NO. 111 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) W. Virginia (State or country)

PARENTS

10 NAME OF FATHER Nathan Cook

11 BIRTHPLACE OF FATHER (city or town) W. Va. (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address)

15 4 1925 Robert P. Harrison, 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-10, 1925, to 2-11, 1925, that I last saw her alive on 2-11, 1925, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Asteriosclerosis; Chronic Myocarditis (Degenerative); Myocardial Insufficiency

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ob

(Signed) Clarke G. Bruce, M. D.

2-12 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery

DATE OF BURIAL Feb 19 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Cor.—1-12-25—M&T—100 Bks.

D 95237

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95237

CERTIFICATE OF DEATH.

6-19

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Bond St ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Booze

(a) RESIDENCE NO. 419 N. Bond St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Aug 30-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Aregon Booze

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bessie Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bessie Fields Booze

(Address) 419 N. Bond St

Filed 1-4-1925, 192 Robert F. Emerson Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pertussis (duration) yrs. mos. ds.

(Signed) J. H. Watkins, M. D.
(Coroner.)

2-13-25, 192 (Address) 508 E. NorthAve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL feb 15 1925

20 UNDERTAKER Edward Bryan — ADDRESS 691 orleans st

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95238 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95238

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 4417 Kathland Ave St., 28-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Carl Gordon Brightman

(a) Residence No. 4417 Kathland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Isabel I Brightman

6-DATE OF BIRTH (month, day and year) Nov 6/1881

7-AGE. 43 yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Elec Eng

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

29

9-BIRTHPLACE (city or town) (State or Country). Round Pond Maine

PARENTS

10-NAME OF FATHER. Benj H Brightman

11-BIRTHPLACE OF FATHER (city or town) (State or Country) New Bedford Mass

12-MAIDEN NAME OF MOTHER. Ida Horton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Round Pond Maine

14-Informant. Isabel I Brightman

Address. 4417 Kathland Ave

15-Filed 1-4 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 13th 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1924 to Feb 13th 1925 that I last saw h. alive on Feb 13th 1925 and that death occurred, on the date stated above, at 8.P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Mitral Regurgitation

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac le. Dickson M. D.

Feb 14th 1925 (Address) 3055 W. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Loudenn Cemetery	Feby 16 1925
20-UNDERTAKER. Harry A Amass	ADDRESS 1120 Richmond Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95239

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95239

X 101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor ave & Dukeland ST., 76-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Charles Seymour.

(a) RESIDENCE NO. 436 N Clinton st. ST., WARD New York

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug 26, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) Albany N.Y.
(State or country)

PARENTS

10 NAME OF FATHER Robert L. Seymour

11 BIRTHPLACE OF FATHER (city or town) Albany N.Y.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Wickham

13 BIRTHPLACE OF MOTHER (city or town) Lee
(State or country) Mass

14 Informant Mrs Robert Seymour
(Address) 363 Washington ave Albany N.Y.

FEB 15 1925

ROBERT R. KRAUTER,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1925.

17 I HEREBY CERTIFY, That I attended deceased from 2/13 .1925. to 2/14 .1925.

that I last saw him alive on 2/14 .1925.

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia -

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) acute cardiac dilitation -

(duration) yrs. mos. 6 hrs

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical -

(Signed) Clement R. Monroe, M. D.

2/14. 1925 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Albany N.Y.	Feb 15 1925
UNDERTAKER Harry H. Weitzke	ADDRESS 1531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95240 101-09 D 95240

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 S. Charles St. ST. 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard E. Young.

(a) RESIDENCE NO. 1732 S. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 11 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male,	White,	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb, 15, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15,	11	30.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Eugine Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Paris. France.

12 MAIDEN NAME OF MOTHER Aida Hoofnagle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Eugene Young. (Father)

(Address) 1732 S. Charles St.

15 Filed FEB 15 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Feb 14, 1925, that I last saw h alive on Feb 14, 1925 and that death occurred, on the date stated above, at 1-30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Labor Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. P. K Campbell M. D.

Feb 14, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	Feb 17 1925

20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fort Ave.

Spec.—1-10-21—M&T—1500 Blks.

D 95241

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95241

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST., 13-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Schell

(a) RESIDENCE No. 1355 Weldon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 12/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER August W. Schell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Parsons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Jane Schell
(Address) 1355 Weldon ave.

15 Filed FEB 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-13, 1925 to 2-13, 1925

that I last saw him alive on 2-13, 1925

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. Alexander Novey, M. D.

2/14, 1925 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Feb 16 1925

20 UNDERTAKER A S Marshall ADDRESS 3539 Fall Rd

Spec.—1-10-21—M&T—1500 Bks.

D 95242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 D 95242

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Oak ST., 17-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A.Reese,

(a) RESIDENCE NO. 2223 Oak ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Emma J.Reese,

6 DATE OF BIRTH (month, day, and year) Sept.8,1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

008

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John A.Reese,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Annie L.Bailey,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Centreville Md.

14 Informant Roland Reese.

(Address) 2223 Oak St.

Filed FEB 15 1925 ROBERT R. KRAUTER, Registrar

~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 22 . 1925 to Feb 13 . 1925

that I last saw h alive on Feb 12 . 1925

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Right Hemiplegia)

(duration) — yrs. — mos. 22 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical Signs

(Signed) R.B. Norment M. D.

. 19 (Address) 3643 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park DATE OF BURIAL FEB 16 1925 19

20 UNDERTAKER Geo W Stull ADDRESS 1700 EDMONDSON AVE.

FEB 2 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95243

CERTIFICATE OF DEATH.

54-002

D 95243

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 S. 13th St. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Horney

(a) Residence No..... 517 S. 13th St. St., 26 Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) Feb. 12 - 1925

7-AGE.	If LESS than 1 day,
.....yrs. .....mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto.
(State or Country), ... Md.

PARENTS.

10-NAME OF FATHER, William Horney

11-BIRTHPLACE OF FATHER (city or town)..... Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Edna Talbot.

13-BIRTHPLACE OF MOTHER (city or town)..... Md.
(State or Country),

14-
(Informant)..... William Horney
(Address)..... 517 S. 13th St

FEB 15 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 14 - 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925 to Feb 14, 1925—

that I last saw h.....alive on Feb 14, 1925—

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Foramen Ovale
failed to close

.....(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

2/14/25 (Signed)..... Adam Tod, M. D.

(Address) 4704 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt. Carmel Cem.	Feb. 15th, 1925
20-UNDERTAKER Frolly and Zeiler	ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

177973 D 95244

CERTIFICATE OF DEATH.

90 D 95244

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 76-6 ST., WARD)

2-FULL NAME Edward Filliaux

(a) RESIDENCE No. 625 S. 14th St., Highlandtown Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18-1902

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
22	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Filliaux

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 15 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 27, 1925, to February 12, 1925, that I last saw him alive on February 12, 1925, and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis, mitral + aortic stenosis + insufficiency

(duration) 2+ yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Feb. 16 1925

20 UNDERTAKER Lilly and Zuber. ADDRESS 403 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

5245

HEALTH DEPARTMENT—CITY OF BALTIMORE

95245

CERTIFICATE OF DEATH.

6-2 88

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2019 E. Fairmont ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harris Kirsch

(a) Residence No. 2019 E. Fairmont ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 32 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Kirsch

6-DATE OF BIRTH (month, day and year) 2-15-1873

7-AGE,	If LESS than 1 day,
51 yrs. 1 mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 80

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, [illegible]

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) J. Lewis

(Address) 1439 E. Balt st

15- FEB 15 1925 ROBERT B. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-14-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 19 to Feb 14, 19 25

that I last saw h... alive on 2d 14th, 19 25

and that death occurred, on the date stated above, at 3:50 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ... yrs. ... mos. 7 ... ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abramson M. D.

2/14, 19 (Address) 2360 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt Wren Washington Co	2-15, 19 25
20-UNDERTAKER,	ADDRESS
Jack Lewis	1439 E Balt st

Spec—12-23-21—E.B.R.S.—400 Blks.

95246

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95246

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No 1328 W. Balto St., 19-1 129 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Violeta Spriggs

(a) Residence No. 1328 W. Balto St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed,~~ or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 76 ? yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Necktie Maker

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. Bandana 826

9-BIRTHPLACE (city or town) (State or Country). City

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). unknown

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). unknown

14-(Informant) Mrs Brink

(Address) 407 S Bouldin St

15- FEB 15 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 14 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan, 1920 to Feb 14, 1925

that I last saw her alive on Feb 14, 1925

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ——

(Signed) Lyman J. Abbott M. D.

, 19 (Address) 1832 W. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Modern Cem DATE OF BURIAL. Feby 16 1925

20-UNDERTAKER. John Ulrich ADDRESS. 2008 Eden

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95247

CERTIFICATE OF DEATH.

94-002

D 95247

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 Rochester Place St. 1-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Florence E. Merritt,

(a) Residence No... 125 Rochester Place ....St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Jan 19/1924

7-AGE, 1 yrs. mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Merritt

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaret Apfel

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Balto

14- (Informant) Jacob Merritt

(Address) 125 Rochester Place

15- FEB 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/14/1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1924 to Jan 12 1925

that I last saw h... alive on Jan 12 1925

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Bronchitis

.....(Duration).....yrs. 2 mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Joseph L. Valentine M. D.

Feb 13 1925 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mount Carmel — DATE OF BURIAL. Feby 15 1925

20-UNDERTAKER, John Ullrich — ADDRESS 2008 Aliceanna

Spec—12-23-21—E.H.P.S.—400 Bks.

D 95248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 D 95248

1-PLACE OF DEATH

City of BALTIMORE: (No. Homewood Hospital 2-7-12 St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pochelman Sr

(a) Residence No. 2119 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Kate Pochelman

6-DATE OF BIRTH (month, day and year) March 9-1856

7-AGE. 68 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Wholesale Butter and Egg Dealer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Pochelman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Werner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) John Pochelman Jr

(Address) 2119 Eutaw Pl

15- Filed FEB 15 1925 ROBERT B. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1924 to Feb 14 1925

that I last saw h. alive on Feb 14 1925

and that death occurred, on the date stated above, at 10 20 m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(Duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) Cholemia Extension

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2-12-1925

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

2/14, 1925 (Address) 413 N Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Parkwood Cem — DATE OF BURIAL, Feb 17 1925

20-UNDERTAKER, John Ulrich — ADDRESS 2008 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95249

CERTIFICATE OF DEATH.

6-2 118-002

D 95249 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Ensmine

(a) Residence No. 1929 Orleans ST St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

~~Single~~ ~~Married~~ Widowed, ~~or Divorced~~ (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of George Ensmine.

6-DATE OF BIRTH (month, day and year) Aug 15 1850

7-AGE. 74 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Fred Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Miss Katie Ensmine

(Address) 1929 Orleans St.

15-

FEB 15 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/12/25

17- I HEREBY CERTIFY, That I attended deceased from 2/10/25 to 2/12/25 19..., that I last saw h[illegible] alive on 2/12/25 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Peritonitis due to intestinal strangulation with gangrene.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 1929 Orleans St.

Did an operation precede death? Yes Date of 2/11/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Emil Novak, M. D.

, 19 (Address) 26 E Preston St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem	Feby 16 1925
20-UNDERTAKER.	**ADDRESS**
John Ullrich	200 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95250

CERTIFICATE OF DEATH.

100-09

D 95250

1-PLACE OF DEATH

City of BALTIMORE: (No.) 19 Talbot Road St., 27-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Brandt

(a) Residence No. 19 Talbot Road St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~not WIFE of~~ Irene L. Brandt

6-DATE OF BIRTH (month, day and year) Aug 6 1869

7-AGE, 55 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Oculist

(b) General nature of industry, business, or establishment in which employed (or employer) 1816

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Rochester N.Y.

PARENTS.

10-NAME OF FATHER, A. H. Brandt

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New York.

12-MAIDEN NAME OF MOTHER, Sibert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New York

14- (Informant) Mrs Irene L. Brandt

(Address) 19 Talbot Road

FEB 15 1925

[illegible] ROBERT P. KRAUTER

Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 14-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 3d 1925 to Feb 14th 1925

that I last saw h~~e~~ alive on Feb 3d 1925

and that death occurred, on the date stated above, at 10. A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) R. H. Normandy, M. D.

Feb 15, 1925 (Address) 3843 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loraine Cemetery

DATE OF BURIAL, Feb 16 1925

20-UNDERTAKER, A. S. Marshall

ADDRESS 3539 Fall Rd

Spec.—12-23-21—E.B.R.S.—400 Bks.

Dr Robertson 11 S. Broadway

D 95251 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 129 D 95251

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1036 W Franklin St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George Frank Albers

(a) Residence No. 1036 W. Franklin St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	W	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Albers

6-DATE OF BIRTH (month, day and year) Oct 23. 1875

7-AGE. 49 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, professiou, or particular kind of work..... Watchman 62

(b) General nature of Indnstry, business, or establishment in which employed (or employer)..... Automobile Club

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER Caspar Albers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Stelle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Elizabeth Albers

(Address) 1036 W. Franklin

15- FEB 15 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 5th 19 25 to Feb 13th 19 25

that I last saw h— alive on Feb 13th 19 25

and that death occurred, on the date stated above, at 11 30 P.M.

The CAUSE OF DEATH* was as follows:

Unascertained —

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (Duration) 10 yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Margaret Donaldson M. D.

Feb 14. 1925 (Address) 111 S Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL. Feb 16 1925

20-UNDERTAKER. Wm Cook — ADDRESS 502 E Lanvale

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95252

CERTIFICATE OF DEATH.

31 D 95252

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital 1-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hayden

(a) RESIDENCE No. 2308 Cambridge st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~Unknown~~ 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) Dec 4 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	55	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Gately

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eva Cavanaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address) M.T.H.

15 Filed FEB 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1925, to Feb. 14, 1925.

that I last saw her alive on Feb. 14, 1925.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical exam.

(Signed) J. F. White, M. D.

19 (Address) Feb 14 1925 Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Feb 17 1925
20 UNDERTAKER	**ADDRESS**
Wm Cook	502 Gaith Ave.

Spec.—1-10-21—M&T—1500 Blks.

1776 V 35253 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001 D 95253

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL 12

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 17-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mark Wright

(a) RESIDENCE No. 2507 Guilford Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occ. 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

042

9 BIRTHPLACE (city or town) (State or country) Vermont

PARENTS

10 NAME OF FATHER Rosatus Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Mary Fairbrother

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Vermont

14 Informant JOHNS HOPKINS HOSPITAL
(Address)

15 FEB 15 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 13 1925 to Feb 14 1925,

that I last saw him alive on Feb 14 1925

and that death occurred, on the date stated above, at 12 00 M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver, myocardial insuff.

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen, M. D.

Feb 14 1925 (Address) Johns Hopkins Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Feb 16th 1925
20 UNDERTAKER	ADDRESS
E Curran Kennard	723 N Eutaw

And

Spec.—1 10-21—M&T—1500 Blks.

D 95254

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95254

CERTIFICATE OF DEATH.

18-1 74-901

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Edmondson Ave ST., 18-1 WARD)

2-FULL NAME Leonora J. Marchant

(a) RESIDENCE NO 1001 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 17/1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Matthews County Va

PARENTS

10 NAME OF FATHER Ambrose Marchant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Matthews County Va

12 MAIDEN NAME OF MOTHER Mildred Fleet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Matthews County Va

14 Informant Sarah G. Marchant

(Address) 1001 Edmondson Ave

15 Filed FEB 15 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1921, to Feb 14, 1925, that I last saw h[illegible] alive on Feb 14, 1925, and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H G Jones, M. D.

2/15, 1925 (Address) 720 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 16 1925

20 UNDERTAKER E Carson Kennard

ADDRESS 728 N Eutaw Ave

D 95255

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001

D 95255

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 702 W. Fayette St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Johnson

(Residence in Baltimore: No. 202 Fayette St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1..... (Year)

7-AGE,	If LESS than 1 day,
37 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer): 079

9-BIRTHPLACE, (State or Country), Marine Texas.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Thompson

(Address) 702 W Fayette St

FEB 15 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

2/12/25 - THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Instalation of Illuminating Gas

..... (Duration) ..... yrs. a few hours mos. ..... ds.

Gas also CONTRIBUTORY (Secondary) Open window must not from draft of ..... (Duration) ..... yrs. a few mos. ..... ds.

(Signed) T. T. Gorsuch M. D. (Coroner.)

2-9 1925 (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Mt. Wm. R. S. Cem.	Feb 17 1925

20-UNDERTAKER.	ADDRESS
Wm. A. Connel	1737 W. Pratt St

Spec.—1-10-21—M&T—1500 Bks.

Moriarty

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95256

CERTIFICATE OF DEATH.

100-001

D 95256

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 W Lexington ST., 19-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie R Moriarty

(a) RESIDENCE No. 1529 W Lexington ST., WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Moriarty

6 DATE OF BIRTH (month, day, and year) Feb 6 1843

7 AGE Years 82 Months Days 7 If LESS than 1 day, ...hrs. or.... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Loyd A Albert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine O Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Annie R Moriarty
(Address) 1529 W Lexington St

15 FEB 15 1925 ROBERT J. KRAUTER Registrar
Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to Feb 13, 1925, that I last saw her alive on Feb. 12, 1925, and that death occurred, on the date stated above, at 10 50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) General Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Bernard Flood, M. D.

2/14 1925 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem — DATE OF BURIAL 2/18 1925

20 UNDERTAKER Geo A Kelly — ADDRESS Fulton Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95257

CERTIFICATE OF DEATH.

122-001

B 95257

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Madison Ave. ST.) 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Rudy

(a) RESIDENCE NO. 2511 Madison ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S., if of foreign birth? 3 yrs. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Max Rudy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Rudy

(Address) 2511 Madison ave

15 Filed ....., 19 .....

FEB 15 1925 ROBERT L. BRADLEY, Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-1-, 1925, to 2-14-, 1925 that I last saw him alive on 2-14, 1925 and that death occurred, on the date stated above, at 6.30 A.m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis + Hypertension - Cirrhosis of liver.

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) cardiac asthenia -

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) S. D. Emerco, M. D.

2-15 1925 (Address) 660 N Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel — DATE OF BURIAL 2/15 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 112 E Baltimore st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95258

D 95258

CERTIFICATE OF DEATH.

75-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 E Montgomery ST., 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas Francis Gerdell

(a) RESIDENCE No. 36 E Montgomery ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

m a y

6 DATE OF BIRTH (month, day, and year) 6. 8 1864

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
60	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer 040

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm J. Gerdell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Eliz J Shumaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anapolis Md

14 Informant Carroll Gerdell

(Address) 504 E Baltimore St

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 10 , 1924 , to Feb 14 , 1925 .

that I last saw him alive on Feb 14 , 1925 .

and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia

(duration) yrs. 2 mos 4 ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. 3 mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) D. J. Turlington M. D.

, 19 (Address) 104 E 25th Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Pk Cem.	2/16 1925
20 UNDERTAKER	ADDRESS
J. Frew McCully	130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95259

CERTIFICATE OF DEATH.

29 D 95259

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 W Fayette ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emiley J Lumley

(a) RESIDENCE No. 1610 W Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James R Lumley

6 DATE OF BIRTH (month, day, and year) January 12 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80		1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER John H. Fell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant James R. Lumley Son
(Address) 1610 W Fayette St

15 Filed FEB 19 1925 GUELET R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1925

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1924, to Feb 12, 1925, that I last saw h alive on Feb 12, 1925, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophy Chronic Pericarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of x

Was there an autopsy? no

What test confirmed diagnosis? Microscope

(Signed) J Ken Williams M. D.

, 19 (Address) 611 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Feb 16 1925

20 UNDERTAKER ADDRESS

Mary A. Gantthrop 2839 Rayner Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95260

CERTIFICATE OF DEATH.

31 D 95260

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S. Duncan St., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Reed

(a) RESIDENCE NO. 25 S Duncan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of ~~(or wife of)~~ Laura Virginia Reed

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 0/0

(b) General nature of industry, business, or establishment in which employed (or employer) Sharpe Dohme Glass Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Y.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Laura Reed (wife) (Address) 25 S Duncan St

15 Filed FEB 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Feb 14, 1925, that I last saw him alive on Feb 13, 1925, and that death occurred, on the date stated above, at 2 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage (duration) yrs. mos.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

2/14, 1925 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Feb 18 1925

20 UNDERTAKER Edward Bryson — ADDRESS 1637 Greens Street

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95261

CERTIFICATE OF DEATH.

5-1 74-901

REGISTERED NO. D 95261

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 N. Colvin St., ST., 5-1 WARD)

2-FULL NAME Marcella Camper,

(a) RESIDENCE NO. 304 N. Colvin St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	~~Widow~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Camper.

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) 31

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Beverly Jones,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Chaney Bird.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14

Informant Dora Anderson,

(Address) 233 N. Dallas St.

15 FEB 15 1925 ROBERT R. KRUG Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1925, to Feb. 13, 1925, that I last saw h or alive on Feb 13th, 1925, and that death occurred, on the date stated above, at 11:25 p m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis.

(duration) yrs. 2 mos 20 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

, 19 (Address) 1501 Pressman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Feb 16 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans St

Spec– 12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95262

CERTIFICATE OF DEATH.

90 D 95262

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1012 Eastern Ave St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Joeckel

(a) Residence No. 1012 Eastern Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad E. Joeckel

6-DATE OF BIRTH (month, day and year) March 9 1862

7-AGE 62 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry Wetzel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Barbara Sammenfelder

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-
(Informant) Conrad E. Joeckel
(Address) 1012 Eastern Ave

15-
FEB 15 1925 ROBERT R. CRAWFORD Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 13. 1925

I HEREBY CERTIFY, That I attended deceased from Jan. 14th 1925 to Feb. 15th 1925
that I last saw her alive on Feb. 12th 1925
and that death occurred, on the date stated above, at 2.35 A. m.
The CAUSE OF DEATH* was as follows:

Arterio-sclerosis and aortic insufficiency

(Duration) 1 yr. 6 mos. — ds.

CONTRIBUTORY (Secondary) Edema of lungs

(Duration) — yrs. — mos. 4 ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Wechsler M. D.
2/14. 1925 (Address) 124 Hanover St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Feb 16.. 1925

20-UNDERTAKER, H. Sander Sons ADDRESS 1710 Pearl St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95263

CERTIFICATE OF DEATH.

44 D 95263

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Bank ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernestine Rave

(a) RESIDENCE No. 1509 Bank ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Rave

6 DATE OF BIRTH (month, day, and year) Febj 10th 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84			2days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Neetzke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ernestine Neetzke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Rave

(Address) 1509 Bank St

15 Filed FEB 15 1925 19 ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febj 12th 1925

17 I HEREBY CERTIFY, That I attended deceased from Janj 5th, 1925, to Febj 12th, 1925, that I last saw her alive on Febj 12, 1925, and that death occurred, on the date stated above, at 9-20 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb W. Bailey M. D.

Febj 14, 1925 (Address) 800 S Potteron Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery — DATE OF BURIAL Feb. 16 1925

20 UNDERTAKER H. Sander Sons — ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90264 ~~95367~~ 31

CERTIFICATE OF DEATH.

D 95264
REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., V-1 WARD)

2-FULL NAME Julia McNew.

(a) RESIDENCE NO. 1741 E. Hoffman ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. nine mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER John Eckert
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Mary Runnick
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Reeds
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... Registrar

EB 15 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1925, to Feb 13, 1925, that I last saw h alive on Feb 13, 1925 and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Tuberculous pneumonia right lower and middle lobes, left lower.
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis
(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? St Louis
Did an operation precede death? No Date of .....
Was there an autopsy? Yes.
What test confirmed diagnosis? Autopsy findings.
(Signed) Louis D. Fleischer, M. D.
, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL Feb. 16 1925

20 UNDERTAKER L. Sander Sons — ADDRESS 1710 Fleet

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95265

CERTIFICATE OF DEATH.

D 95265

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 2946 W. Northaven St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma May Miller

(Residence in Baltimore: No. 2946 W. Northaven St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, (Month) 1 (Day) (Year)

7-AGE, About 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, House Wife
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER. Isaac Condit

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Emma Jennings

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Reliegh T. Miller

(Address) 2946 W. Northaven

FEB 15 1925 Filed

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1924, to Feb 14 1925, that I saw her alive on Feb 14 1925, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma Cervix

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Shaw M. D.

2/15, 1925. (Address) 1800 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, 2/17/25

20-UNDERTAKER Walter MacKenzie ADDRESS 2924 Remington

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95266 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95266

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2450 Lakeview Av ST.: 13-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Belle Wheatfield Winternitz

(a) RESIDENCE. NO. 2450 Lakeview Av ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word)
Fem	W	Widowed

5a If married, widowed, ~~or divorced~~
(or) WIFE of ~~Ferdinand~~ Louis Winternitz

6 DATE OF BIRTH (month, day, and year) Nov 20 1853

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Levi Wheatfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Blondheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister & Daughter
(Address) 2450 Lakeview Ave

15 Filed ..... 19 .....

Registrar

FEB 15 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 14 Feb 1925

17

I HEREBY CERTIFY, That I attended deceased from 11 Feb, 1925, to 14 Feb, 1925, that I last saw h er alive on 14 Feb, 1925, and that death occurred, on the date stated above, at 8:25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lab- B.P. Exam

(Signed) Horace W. Byers, M. D.

19 (Address) 749 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Har Sinai Cem.	2/16/1925
20 UNDERTAKER	ADDRESS
David Londheim	1117 Norris Royal Av

ROBERT H. RAINE
Judicial Probate Clerk

Spec.—1-10-21—M&T—1500 Blks.

95267

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hospital 5-1

CITY OF BALTIMORE: (No. ..... ST., 5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McIntyre.

(a) RESIDENCE NO. Levering House ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter McIntyre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Bannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Richard McIntyre (Address) 502 Broadway C.

15 Filed FEB 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/25 19

17

I HEREBY CERTIFY, That I attended deceased from 2/7/25 19 to 2/13/25 19

that I last saw h/ alive on 2/13/25 19

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Confluent Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Winston Dorsey M. D.

19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 16 1925
20 UNDERTAKER	ADDRESS
E. A. Weisfeld &	701 E 22

D 95268

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

REGISTERED NO. 95268

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 531 E. 20th St. 9-4 WARD)

2 FULL NAME Margaret C. Holtus

(Residence in Baltimore: No. 531 E. 20th St.)

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH Oct 19, 1850 (Month) (Day) (Year)

7 AGE 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Germany.

PARENTS

10 NAME OF FATHER Seitz

11 BIRTHPLACE OF FATHER (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country) Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Annie Holtus
(Address) 531 E 20th St

15. FEB 15 1925 Filed ..., 19.. ROBERT R. KRAUTER, Burial Permit REGISTRAR

is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feby 12, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 7, 1925, to Feby 12, 1925, that I saw h[illegible] alive on " , 1925, and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Cystitis, Nephritis

(Duration) 4 yrs. mos. ds

Contributory (SECONDARY) Senile Coma

(Duration) yrs. mos. 4 ds.

(Signed) Geo. H. Hartman M. D.

2, 19.. (Address) 22 W Mayfield Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL New Cathedral DATE OF BURIAL Feb 16, 1925

20. UNDERTAKER E. A. Windfield ADDRESS 501 E 22 St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95269 + 49 D 95269

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Little L. Mahan

(a) Residence No. Hempstead St., Texas Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 22, 1862

7-AGE.	If LESS than 1 day
62 yrs. 6 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dr. of medicine

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, Levi Mahan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Miss.

12-MAIDEN NAME OF MOTHER, Polly Ann Norman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Alabama

11-

(Informant) Mrs. Mahan

(Address) Hempstead, Tex.

15-

Filed ..... 192.....

FEB 16 1925 AUBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 15 - 1925

17- I HEREBY CERTIFY, That I attended deceased from February 14, 19 25 to February 15, 19 25

that I last saw h.im alive on February 15, 19 25

and that death occurred, on the date stated above, at 6:10 a m.

The CAUSE OF DEATH* was as follows:

Brain tumor

O.K. Corner J. Norman Jr.

(Duration) 0 yrs. 6 mos. [illegible] ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Feb. 14, 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Raymond F. Johnston M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Hempstead Texas	2/15/25 19....
20-UNDERTAKER.	**ADDRESS**
Henry H. Witzke	1551 W Lombard St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95270 D 95270

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor ave & Dukeland st ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr George W Lewis -

(a) RESIDENCE NO. Oakton md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Etta Rhoten Kramer

6 DATE OF BIRTH (month, day, and year) May 23-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Co Md
(State or country)

PARENTS

10 NAME OF FATHER Wm R Kramer

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Smith

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Etta R Kramer
(Address) Parkton Md

15 Filed FEB 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/12, 1925, to 2/14, 1925, that I last saw him alive on 2/14, 1925, and that death occurred, on the date stated above, at 10:17 P m.

The CAUSE OF DEATH* was as follows:

Non-Specific Elephantiasis.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation + operative shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? yes Date of 2/14/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Clement R. Monroe, M. D.

2/14, 1925 (Address) 1st Baltimore General Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Grove, Md

DATE OF BURIAL 2/17 1925

20 UNDERTAKER C. D. Upton + Son

ADDRESS Crawford Md

Spec.—1-10-21—M&T—1500 Blks.

D 95271

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95271

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Guilford ave WARD) 11-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J Forrest

(a) RESIDENCE No. 1087 Guilford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Forrest

6 DATE OF BIRTH (month, day, and year) Sept. 17th, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Sergeant

(b) General nature of Industry, business, or establishment in which employed (or employer) Balto. City 061

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. J. Forrest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Wm. J. Forrest Jr. 1037 Guilford Ave

15 Filed FEB 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1925, to Feb, 1925, that I last saw him alive on Feb 12, 1925, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis Chronic Interstitial (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Microscope

(Signed) V. Von Wellbreuel, M. D.

, 19 (Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feb. 16th 1925
20 UNDERTAKER	ADDRESS
E. J. Fanning Inc - 1938	E. Lafayette Ave

Spec.—1-10-21—M&T—1500 Blks.

D 95272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 D 95272

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No.) Fayette & Payson ST. 18-1 WARD)

2-FULL NAME Mrs. Mary Mallon

(a) RESIDENCE No. 410 North Coulton Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word)
female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter J. Mallon

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	~	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Loveland.
(State or country)

PARENTS

10 NAME OF FATHER James Stafford

11 BIRTHPLACE OF FATHER (city or town) Loveland.
(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Hughes

13 BIRTHPLACE OF MOTHER (city or town) Loveland
(State or country)

14 Informant Frank Stafford

(Address) 410 N Coulton Ave

FEB 16 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/25 - 19

17

I HEREBY CERTIFY, That I attended deceased from Feb. 4th, 1925 - to Feb. 12th, 1925 -, that I last saw h[illegible] alive on Feb. 12th, 1925, and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) diabetes mellitus

(duration) 1 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clin. & Lab. data

(Signed) H. M. Powell, M. D.

2/12/1925 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral.

DATE OF BURIAL 2-16th 1925

20 UNDERTAKER Henry C. Brenning & Son

ADDRESS 517 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95273

CERTIFICATE OF DEATH.

100-001 95273

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Byrd

(a) RESIDENCE No. Bay View Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Presumably ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ? (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Municipal Hospital (Address)

15 Filed FEB 16 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-7, 1925, to 2-14, 1925, that I last saw ~~him~~ alive on 2-14, 1925 and that death occurred, on the date stated above, at 8 30 a m. The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sel.

(Signed) Claude A. Dow M. D.

2-14, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Feb 16 1925

20 UNDERTAKER Chas. Brown & Son ADDRESS 108 W. Mt

Spec.—1-10-21—M&T—1500 Bks.

2105 N. Charles

HEALTH DEPARTMENT—CITY OF BALTIMORE

95274

CERTIFICATE OF DEATH.

9 D 95274

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Oak ST., 12-2 WARD)

2-FULL NAME John Edward Miller

(a) RESIDENCE NO. 2208 Oak ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 8 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Grant Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Emma Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Grant Miller

(Address) 2208 Oak St.

15 FEB 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Feb 15, 1925, that I last saw h[illegible] alive on Feb 15, 1925, and that death occurred, on the date stated above, at 4 50 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis & Convulsions

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? "

What test confirmed diagnosis? Signs

(Signed) Wm. H. Pleasants M. D.

, 19 (Address) 2105 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 2/16/1925

20 UNDERTAKER G. Weber & Son

ADDRESS 2503 Eutaw Place

Spec—12-23-21—E.B.R.S.—400 Bks.

95275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 D 95275

1-PLACE OF DEATH

City of BALTIMORE: (No. 1143 S Sharp St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Chase

(a) Residence No. 1143 S. Sharp St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William Chase

6-DATE OF BIRTH (month, day and year) May 17 1885

7-AGE. 40 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Ft Monroe Va.

PARENTS.

10-NAME OF FATHER. James C. Gordon

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ft Monroe Md.

12-MAIDEN NAME OF MOTHER. Jennie Holley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) William H Chase

(Address) 1143 Sharp St

15- FEB 16 1925 ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-14-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Feb 14, 1925, that I last saw h.er alive on Feb 04, 1925, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Hepatic Congestion

(Duration) — 1 mos. ds.

CONTRIBUTORY (Secondary) Acute nephritis

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. A. Crooks, M. D.

, 19 (Address) 625 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bloomingdale St Mary's Cem

DATE OF BURIAL, Feb 17, 1925

20-UNDERTAKER. H. W. Brown & Son

ADDRESS 1001 W. Monroe

D 95276

HEALTH DEPARTMENT—CITY OF BALTIMORE

1925 - 42

D 95276 1578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Dropped dead in 2100 block of Mt. Street, West

Registered No. C

City of BALTIMORE: (No. 2100 block of Mt. Street, West

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Sheriden

(Residence in Baltimore: No. 1925 Mt. Cullough St. St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

6-DATE OF BIRTH. (Month) (Day) 1878 (Year)

7-AGE. 47 yrs. 1 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). Geo Schumaker

9-BIRTHPLACE. (State or Country) St Marys Co Md

PARENTS.

10-NAME OF FATHER. James Speus

11-BIRTHPLACE OF FATHER. (State or Country) St Marys Co

12-MAIDEN NAME OF MOTHER. Matilda Speus

13-BIRTHPLACE OF MOTHER. (State or Country) St Marys Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Thomber

(Address) 1925 Argyle Ave

15- Filed FEB 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. (Month) 13 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Jury find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history of any other previous disease

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D. (Coroner.)

Feb. 13, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL

Mt. Auburn Cem. St Marys Co Joseph Cemetery Feb 17 1925

20-UNDERTAKER. ADDRESS

Clarence E. Wright 1364 Mary

Spec—12-23-21—E.B.R.S.—400 Eks.

95277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95277

1-PLACE OF DEATH Union Memorial Hospital

Registered No.....

City of BALTIMORE: (No. 33+ Calvert St., 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida. M. Fowble.

(a) Residence No. 1801 N. Fulton St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ widowed (Write the word.)

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr. Fowble(d)

6-DATE OF BIRTH (month, day and year) Apr. 5. 1861

7-AGE. 63 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housemaid 470

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Phillip Durfle

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Barbara Swatsburg

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Daisy Miller

(Address) 720 N. Gay St.

15- Filed ..... 192.....

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

FEB 16 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 5 1925 to Feb 15 1925

that I last saw h~~er~~ alive on Feb 15 1925

and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast Rt

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas migrans + pleural effusion

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Jan 1 1925

Was there an autopsy? O

What test confirmed diagnosis? cultures

(Signed) Raymond I. Johnston M. D.

19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn — DATE OF BURIAL, Feb 18 1925

20-UNDERTAKER, Wm. Cook — ADDRESS 502 E. Fayette St.

Spec—12-23-21—E.B.R.S.—400 Bks.

95278

Fisher
332 S Patterson Pk

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | D 95278

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1121 South Decker St., Ave 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas E. Mooney

(a) Residence No. 1121 South Decker St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R Mooney

6-DATE OF BIRTH (month, day and year) DEC 13-1881

7-AGE, 43 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Tester in Can Shop

(b) General nature of industry, business, or establishment in which employed (or employer)..... Atlantic Can Co

(c) Name of employer..... Company

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John C. Mooney

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER Catherine Dergan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Annie R. Mooney

(Address) 1121 South Decker Ave

15- Filed..... 192.....

ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

FEB 18 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-15-1925

17- I HEREBY CERTIFY, That I attended deceased from 1-15 1925 to 2-15 1925

that I last saw h[illegible] alive on 2-14 1925

and that death occurred, on the date stated above, at 1045 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Manuel Grant M. D.

19 (Address) 332 S Patterson Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oaklawn Cemetery	2/18/25, 19....
20-UNDERTAKER.	ADDRESS
William Cook	502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

95279

HEALTH DEPARTMENT—CITY OF BALTIMORE

95279

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Kissner

(a) RESIDENCE No. 2228 Boston St. WARD 1
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margaret Kissner

6 DATE OF BIRTH (month, day, and year) July 1st 1849

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
75	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Kissner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Lena Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 FEB 16 1925 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17 I HEREBY CERTIFY That I attended deceased from Feb 2 , 1925, to Feb 12 , 1925, that I last saw h alive on Feb 12 , 1925 and that death occurred, on the date stated above, at 6 00 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Gangrene foot

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 2.9.25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Feb. 16th 1925

20 UNDERTAKER Lilly + Zeiler

ADDRESS 403 S. Wolfe St

D 95280

Spec. 6-9-19 H. T. Co. 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95280

REGISTERED NO. 63 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 164 N. Potomac ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice May Jackson

(a) RESIDENCE. No. 164 N. Potomac ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Wm B. Jackson.

6 DATE OF BIRTH (month, day, and year) 1871 - Dec 15th

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Fannie Hart.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Grace Miller
(Address) Easton Md.

15 Filed FEB 16 1925, 19

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from October 2nd, 1924, to February 13th, 1925, that I last saw her alive on February 12th, 1925, and that death occurred, on the date stated above, at 10th a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical observation

(Signed) Wm Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	2/16 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95281 D 95281

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospitals ST., 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Sheets

(a) RESIDENCE NO. 117 S Highland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E Sheets

6 DATE OF BIRTH (month, day, and year) July 15 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steamfitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Daniel Sheets

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant Municipal Hospitals (Address)

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-5, 1925, to 2-13, 1925, that I last saw him alive on 2-13, 1925 and that death occurred, on the date stated above, at 4.25 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Emphysema; Chronic Bronchitis; Chronic myocarditis (degenerative)

(duration) yrs. 3 mos. (Hatton) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Claude S. Hudson, M. D.

2-14 1925 (Address) Municipal Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 2/17 1925

20 UNDERTAKER Philip Herrig — ADDRESS 2016 Orleans

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95282

CERTIFICATE OF DEATH.

90 D 95282

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 146 Dolphin St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Martha Gragg

(Residence in Baltimore: No. 146 Dolphin St. St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female | 4-COLOR OR RACE: colored | 5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) about (Day) ..... (Year) 1875

7-AGE. 40 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country). S. C.

PARENTS.

10-NAME OF FATHER, Jack Draper

11-BIRTHPLACE OF FATHER, (State or Country). S. C.

12-MAIDEN NAME OF MOTHER, Martha Mungo

13-BIRTHPLACE OF MOTHER, (State or Country) ~~No~~ S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Gragg

(Address) 146 Dolphin St.

15-

FEB 16 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1925
(Month) (Day) (Year)

I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessey M. D.
(Coroner.)

Feb. 14 1925 (Address) 2803 Edmondson Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. 2/16 1925

20-UNDERTAKER. Samuel P. Brusley ADDRESS 728 Dr

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95283

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

D 95283

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 169 W Hamburg St., 23-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Jones

(a) Residence No. 169 W Hamburg St., 23 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer State Bank & Trust Co

9-BIRTHPLACE (city or town) (State or Country), N C

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N C

14- (Informant) Mrs Edmunds

(Address) 412 Mary St W.

15- Filed FEB 16 1925 19 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/12/25

17- I HEREBY CERTIFY, That I attended deceased from 2/7/ 19 25, to 2/12/ 19 25

that I last saw h[illegible] alive on 2/12/ 19 25

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Syphilis Nephritis (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No Was Hospital

What test confirmed diagnosis? Clinical Data

2/13, 19 25 (Signed) F. Duncan Bowie, M. D.

(Address) 908 Stratford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL, 2/16 19 25

20-UNDERTAKER Samuel Bendy ADDRESS W Balto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95284

101-001

D 95284

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST.; 19-1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie E. Brown

(Residence in Baltimore: No. 501 N. Mount St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Feby (Month) 20 (Day), 1889 (Year)

7-AGE: 35 yrs. 11 mos. 8 ds.

If LESS than 1 day: ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Housework Home

9-BIRTHPLACE, (State or Country): A A Co Md

PARENTS.

10-NAME OF FATHER: John H Evans

11-BIRTHPLACE OF FATHER (State or Country): A A Co Md

12-MAIDEN NAME OF MOTHER: Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country): A A Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Evans

(Address) 501 N Mount St

15-

FEB 16 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-1-1924 to Feb 12 1925 that I saw h[illegible] alive on Feb 12 1925 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

3 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) S L McHughes M. D.

Feb 13. 1925 (Address) 1423 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? 501 N. Mount St

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem. DATE OF BURIAL 2/16, 1925

20-UNDERTAKER Samuel F Hensley ADDRESS W Biddle

D 95285

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-001

D 95285

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 667 Vine St. WARD) 4-1

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Lloyd Jr. Life

(Residence in Baltimore: No. 667 Vine St.: 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov ....., 1904 (Month) (Day) (Year)

7 AGE: 20 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): do

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Lloyd Sr.

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Georgie Downs

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Smith

(Address) 562 Orchard St

15

FEB 16 1925

ROBERT R. KRAUTER, REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb ....., 12, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Feb 12 1925 that I saw him alive on Feb 12, 1925, and that death occurred, on the date stated above, at 12 a m. The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Bronchopneumonia & Acidemia

(Duration) yrs. mos. ds.

(Signed) I. H. Hunterman M. D.

Feb 16, 1925 (Address) 1203 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Md Memory Lawn

DATE OF BURIAL: 2/16, 1925

20 UNDERTAKER: Thomas F. Kinsley Jr.

ADDRESS 878 Eddie

IS VERY IMPORTANT. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 95286

HEALTH DEPARTMENT—CITY OF BALTIMORE

1000-001 95286

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 N. Franklin ST., 19-1 WARD)

2-FULL NAME Evelyn R. Heath

(a) RESIDENCE NO 1723 N. Franklin ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 16 / 23

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	10	28	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ch bld
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bacto, Md

10 NAME OF FATHER Grady Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Clara Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Clara Heath Conch
(Address) 1723 N. Franklin St

FEB 16 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. (Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo R. Gootee M. D.
(Coroner.)

Feb 15 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	2/16 1925
20 UNDERTAKER Joseph A Lively	ADDRESS 107 Winter ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95287

CERTIFICATE OF DEATH.

100-001 D 95287

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST., 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Isaac Knitz

(a) RESIDENCE NO. 426 S. Payson St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Knitz

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 57 yrs. | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Oscar Knitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Lewis 1439 E. South St.

15 Filed FEB 16 1925 ROBERT R. ARNOLD Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13 1925, to Feb 15 1925, that I last saw him alive on Feb. 15 1925, and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home 426 S. Payson St

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Howard Kahn, M. D.

2/16 1925 (Address) 2027 W. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mosh Rd

DATE OF BURIAL: 2/16 1925

20 UNDERTAKER: Jack Lewis 1439 E. South St

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

95288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 95288

1-PLACE OF DEATH

City of BALTIMORE: (No. 5108 Fivetstown St. 28-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ora F Frazier

(a) Residence No. 5108 Fivetstown St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-~~Single,~~ Married, ~~Widowed, or Divorced.~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Frazier

6-DATE OF BIRTH (month, day and year) Oct 22-1866

7-AGE. 58 yrs. 4 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Chas Hilton

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Unknown

14- (Informant) Thos F Frazier

(Address) 5108 Fivetstown St

15- FEB 16 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 14-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1925 to Feb 14 1925 that I last saw h[illegible] alive on Feb 14 1925 and that death occurred, on the date stated above, at 7:50 P.M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 0

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S Ashhurst M. D.

2-15-1925 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Patterson Park — DATE OF BURIAL, FE-17-25 19..

20-UNDERTAKER, Stewart & Co — ADDRESS 1723 Pa Ave

Spec.—1-10-21—M&T—1500 Blks.

D 95289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95289

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Eutaw ST., 77-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Harvey

(a) RESIDENCE NO. 322 S. Eutaw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Mary Harvey Decsd

6 DATE OF BIRTH (month, day, and year): Aug. 1845

7 AGE: Years 80 Jrs. Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: Edward Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Martha Brent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Philadelphia Pa.

14 Informant: J. A. Bowlinkelmann

(Address): 322 S Eutaw St

FEB 16 1925

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1925, to Feb. 14, 1925, that I last saw him alive on Feb. 13, 1925, and that death occurred, on the date stated above, at 4 4. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

— (duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary): Cardiac Incompetency

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchman M. D.

, 19 (Address) 3[illegible] S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Feb. 16th 1925

20 UNDERTAKER: Henry Seewald — ADDRESS: 1525 W. Northlow

HEALTH DEPARTMENT—CITY OF BALTIMORE

95290

CERTIFICATE OF DEATH. 1925 D 95290

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colonial Hosp. St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Whitt

(Residence in Baltimore: No. 1532 N. Mount St. St.; yrs. 19 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. Jan. 30, 1906 (Month) (Day) (Year)

7-AGE. 19 yrs. mos. 13 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE. (State or Country). Md.

PARENTS:
10-NAME OF FATHER. Geo. E. Whitt
11-BIRTHPLACE OF FATHER. (State or Country). Va.
12-MAIDEN NAME OF MOTHER. Irene Johnson
13-BIRTHPLACE OF MOTHER. (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo. E. Whitt
(Address) 1532 N. Mount St.

15- FEB 16 1925 ROBERT B. KRAUTER
Filed ..... 192..... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 12 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurs (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Perforated duodenal ulcer, stab wound of abdomen

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Homicide

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy, C.D. (Coroner)

Feb. 14 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	Feb 16 1925

20-UNDERTAKER.	ADDRESS
Frank H. Chase & Son	1400 Mosher

Spec.—1-10-21—M&T—1,000 Bks.

95291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ H(1 MR Jones + 41 D 95291

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 19 N. Howard & Green ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Hurline

(a) RESIDENCE NO. Baldwin Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hurline

6 DATE OF BIRTH (month, day, and year) Mar. 21 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer) Sweet Air Balto Co Md

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md.

PARENTS

10 NAME OF FATHER Stephen Hurline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Mulbrate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Son Raymond Hurline

(Address) Sweet Air Balto Co. Md

15 FEB 16 1925 ROBERT R. [illegible] Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15- 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-13- 1925 to 2-15- 1925.

that I last saw him alive on 2-15- 1925,

and that death occurred, on the date stated above, at 2.12 A m.

The CAUSE OF DEATH* was as follows:

1st Laceration of first and second R finger. (Shoplining a saw)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Septicemia + Trismus

To Autopsy (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Baldwin Maryland

Did an operation precede death? Yes Date of 2-13-25

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Arthur V. McVee M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Bluefurgus Cemy 2/18/25

20 UNDERTAKER Balto Co Md — ADDRESS

Edward W. Conklin 124 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

95292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 D 95292

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Woodyear ST., 16-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Robinson

(a) RESIDENCE No. 1144 Woodyear ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Robinson

6 DATE OF BIRTH (month, day, and year) 10-18-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer gen'l

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Fredrick co Md

PARENTS

10 NAME OF FATHER James Robinson Sr.

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Wife Belle Robinson (Address) 1144 Woodyear St

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14 1925

17

I HEREBY CERTIFY, That I attended deceased from 2/ , 1925 , to 2-14 , 1925 .

that I last saw him alive on 2/14/ , 1925 ,

and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank A Saunders, M. D.

, 19 (Address) 1125 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 17 1925
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1163 N. Carey

Spec.—6-9-19—H. P. Co.—1000 Blks.

95293

HEALTH DEPARTMENT—CITY OF BALTIMORE

95293

CERTIFICATE OF DEATH.

REGISTERED NO. 86-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3139 Elliott ST.: 18-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fedor Moroz

(a) RESIDENCE. NO. 3139 Elliott ST., 18 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 14. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Moroz

11 BIRTHPLACE OF FATHER (city or town) Austria
(State or country)

12 MAIDEN NAME OF MOTHER Mary Swiec

13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country)

14 Informant John Moroz
(Address) 3139 Elliott

15 Filed . 19 Registrar

FEB 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15- 1925

17 I HEREBY CERTIFY, That I attended deceased from February 7 . 1925 . to February 14 . 1925 .
that I last saw h[illegible] alive on February 14 . 1925 .
and that death occurred, on the date stated above, at 4:35A m.

The CAUSE OF DEATH* was as follows:

Pyemia, following suppurative otitis media on the right side

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bromsbas , M. D.

2-15-1925 (Address) 3037 Ordonnel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Feb. 16. 1925
20 UNDERTAKER	**ADDRESS**
M. J. Sadowski	705 S. Lan[illegible]

HOW IS VERY important. See instructions.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95294

CERTIFICATE OF DEATH.

129 D 95294

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St., 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Barber

(a) RESIDENCE NO. 20 1/2 E. Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widower Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Farmer and Emelia Barber

6 DATE OF BIRTH (month, day, and year) Nov 23 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
57	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 039

(b) General nature of industry, business, or establishment in which employed (or employer) Watchman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Conrad N. Barber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto County

12 MAIDEN NAME OF MOTHER Margaret Bergan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County

14 Informant Hospital Record (Address)

15 FEB 16 1925 ROBERT B. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/1925

17

I HEREBY CERTIFY, That I attended deceased from 12/31/1924 19..... to 2/15/25 19.....,

that I last saw him alive on 2/15/25 19.....,

and that death occurred, on the date stated above, at 2:15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Goldy, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 18 1925
20 UNDERTAKER	ADDRESS 203
Henry Lutz	N. Broadway

TION is very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 95295

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95295

CERTIFICATE OF DEATH.

100-002

20-6

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Wilkens ST., ... WARD)

2-FULL NAME Margaret A Sheppard

(a) RESIDENCE NO. 2512 Wilkens ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin T. Sheppard

6 DATE OF BIRTH (month, day, and year) Jan 5 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	89			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Stephenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Gaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Levi Rose Sheppard
(Address) 2512 Wilkens Ave

15 Died FEB 16 1925, 19.. QUEEN R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 ....., 1925 ....., to Feb 14 ....., 1925 .....

that I last saw h e alive on Feb 14 ....., 1925 .....

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Coppulary Bronchitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptom

(Signed) John A Evans, M. D.

, 19 (Address) 101 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Feby 16 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1211 Fayette

5296

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 826 Greenmount St.; 10-1 WARD) REGISTERED No. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Gibbs

(Residence in Baltimore: No. 826 Greenmount St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, January (Month) 1 (Day) ..... (Year)

7-AGE, 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Gen'l

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Heath

(Address) Preston & Gay Sts.

FEB 16 1925 Filed ..... ROBERT R. KRAUTER, Burial Permit Clerk ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fatty degeneration heart

Sudden (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] (Coroner.) M. D.

Feb 16, 1925 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb. 16 1925

20-UNDERTAKER Mrs R. E. Elliott — ADDRESS 123 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

B7979
95297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001 D 95297

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. North Point Rd. ST., E 1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hyacinta Forshie

(a) RESIDENCE No. North Point Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 10 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	10	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER John Forshie

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 16 1925, 19 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1925, to Feb 14, 1925, that I last saw her alive on Feb 14, 1925, and that death occurred, on the date stated above, at 8 00 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia, Primary Broncho -

(duration) — yrs. — mos. 23 ds.

CONTRIBUTORY (Secondary) Acute otitis media

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes —

What test confirmed diagnosis? Yes —

(Signed) [signature] M. D.

2-14 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathay Cemetery	Feb 16 1925

20 UNDERTAKER Mrs K A Elliott ADDRESS 1125 Ashland Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

95298

HEALTH DEPARTMENT—CITY OF BALTIMORE

95298

CERTIFICATE OF DEATH.

2-1129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 110. S. Ann Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Katie . Delinska

(a) Residence No. 110. S. Ann Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 28 1870

7-AGE. 54 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House Work

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Poland
(State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)..... Poland
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... Poland
(State or Country),

14- (Informant) Peter . Delinski Son

(Address) 110. S. Ann Street

15- FEB 16 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 13/25

17- I HEREBY CERTIFY, That I attended deceased from 2/7 19 25 to Feb 12 19 25.

that I last saw h.. alive on Feb 12 19 25

and that death occurred, on the date stated above, at 11 15 P m.

The CAUSE OF DEATH* was as follows:

b bronch Diffuse Nephritis

Y Mitral regurgitation

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? N O Date of

Was there an autopsy? N O

What test confirmed diagnosis? Surgeon Y necropsy

(Signed) Jos A Dutkoske M. D.

27, 1925 (Address) 1623 E Fairmount

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Feb 17, 1925
20-UNDERTAKER,	ADDRESS
John H Weber	1803 Bank St

Spec. 6-9-19 - H. P. Co. - 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95299

CERTIFICATE OF DEATH.

159-002

D 95299

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1618 Abbott ST.; (WARD) 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia J. Milewicz

(a) RESIDENCE. No. 1618 Abbott ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2.9.25

7 AGE: Years | Months | Days: 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Stephen J. Milewicz

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Marie K. Whalen

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto. Md.

14 Informant: Mrs Anna Whalen

(Address) 1618 Abbott St

Filed FEB 16 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 14. 1925.

17 I HEREBY CERTIFY, That I attended deceased from Febry 9th 1925. to Febr. 14th 1925.

that I last saw h... alive on Febr. 14th 1925.

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Heart disease

(duration) yrs. mos. 5 ds.

Convulsions

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thos H. A. Meyer M. D.

1925 (Address) 703 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Feb 16 1925

20 UNDERTAKER: John McWeber ADDRESS: 1803 Bank St

Cor.—1-12-28—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95300

CERTIFICATE OF DEATH.

8-2 90

D 95300

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1806 N. Bond St ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert W. Hill

(a) RESIDENCE NO. 1806 N. Bond St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Hill

6 DATE OF BIRTH (month, day, and year) Nov 24-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Commercial Collector
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

07

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Woodside

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Florence E. Hill
(Address) 1806 N. Bond St.

Filed FEB 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Valvular)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Collins (Coroner) M. D.

2-16-25 192 (Address) 506 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feby 18 1925

20 UNDERTAKER John B. Spence — ADDRESS 1325 N. Caroline St

Spec.—1-10-21—M&T—1500 Bks.

D 95301
178793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135D 95301

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. 9-7 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Schwartz

(a) RESIDENCE No. 1304 Ensor St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Daniel Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER K. Pahlman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 16 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14, 1925

17

I HEREBY CERTIFY, That I attended deceased from February 12, 1925, to February 14, 1925, that I last saw h— alive on February 14, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy
Arteriosclerosis
Emphysema & Chronic bronchitis

(duration) Years yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Sun Leonard, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery.

DATE OF BURIAL Feb 17 1925

20 UNDERTAKER Chas. W. Dill.

ADDRESS 3109 Fred'k Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95302

CERTIFICATE OF DEATH.

1-OD 95302

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 717 N. Streeper ST., (7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Medicus

(a) RESIDENCE NO. 717 N. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Medicus

6 DATE OF BIRTH (month, day, and year): Nov 14 1887

7 AGE: Years 37 Months 2 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Friedrich Habbemeir

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Martha Mabst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Josephine Habbemeier 123 N. Streeper St

15 Filed FEB 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-6 1925 to 2-13 1925 that I last saw h live on 2-12 1925 and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows: La Grippe

with Hypostatic Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) F. Ted Shuren M. D.

19 (Address) 1101 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL 2/16/1925

20 UNDERTAKER: J. G. Moran — ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-D 95303

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Evergreen Apts. Near St. Park Heights Ave. Ward 22

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah V. Schaaf.

(a) RESIDENCE No. Evergreen Apts. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J. Schaaf.

6 DATE OF BIRTH (month, day, and year) Sept 10, 1842

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Ormond Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Miss E. L. Coates

(Address) Evergreen Apts.

15 Filed FEB 16 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/25 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Feb 15th, 1925, that I last saw her alive on Feb 15th, 1925 and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia.

about

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Routine Exam

(Signed) C. H. Diefenbacher, M. D.

, 19 (Address) 850 W. 36 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Feb. 17 1925
20 UNDERTAKER	ADDRESS
Walter R. McNamee,	4114 Falls Rd.

Spec.—1-10-21—M&T—1500 Blks.

D 95304

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital 20-3 31 REGISTERED NO.

CITY OF BALTIMORE: (NO. — ST. — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [redacted] Charlotte Crediger

(a) RESIDENCE NO. 321- No. Garrison Lane. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Mr. Caspar Crediger

6 DATE OF BIRTH (month, day, and year) May 25-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	45	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Records Johns Hopkins Hosp.

(Address)

FEB 16 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1925, to Feb 15, 1925, that I last saw h[illegible] alive on Feb 15, 1925, and that death occurred, on the date stated above, at 12.45 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis:

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Brad Allen, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Feb 18 19 STATE OF [illegible]

20 UNDERTAKER F. O. Weisheit ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Blks.

95305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 D 95305

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~208 S Hollins~~ Crowders Hospital ST., WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edw Hughes

(a) RESIDENCE NO. 208 S Mullen ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) ~~HUSBAND~~ WIFE of Thomas Hughes

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer) Clean woman

(c) Name of employer U.S. Post office Philadelphia Pa

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER Becki Hay

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

14 Informant Thomas Hughes husband. (Address) 208 S Mullen St

15 FEB 16 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 13, 1925, to Feb 13, 1925, that I last saw h alive on Feb 13, 1925, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene Intestine

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

2/13, 1925 (Address) 1729 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila P.a

DATE OF BURIAL Feb 17 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

D 95306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 95306

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Gilford Ave. WARD 12-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Walton Johnson

(a) RESIDENCE No. 3016 Gilford Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Thom Johnson

6 DATE OF BIRTH (month, day, and year) Feb 22-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68 years,			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer X

9 BIRTHPLACE (city or town) (State or country) York Co. Pa

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Eliza Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant W. H. Johnson

(Address) 3017 Gunston Ave

15 FEB 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1922, to Feb. 14 1925

that I last saw him alive on Feb. 14 1925

and that death occurred, on the date stated above, at 5:06 a. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

probably not less than

one year

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broken cardiac compensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? X Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Chemical & microscopic

(Signed) George C. Price, M. D.

2-15-1925 (Address) 1705 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Feb. 18 1925

20 UNDERTAKER H. E. Sugher ADDRESS 424 N. Broadway

For Milton M. Jones

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95307

CERTIFICATE OF DEATH. + 31

D 95307

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. #1, ST. 12-2 WARD)

2-FULL NAME Ben Green

(a) RESIDENCE NO. Georgetown, S.C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Green

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
	25	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant seaman

(b) General nature of industry, business, or establishment in which employed (or employer) S.S. Norfolk. O&

(c) Name of employer S/S Norfolk

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant himself (Address)

15 FEB 16 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1924, to Feb. 13, 1925.

that I last saw h. im. alive on Feb. 13, 1925.

and that death occurred, on the date stated above, at 12.25 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary tuberculosis

acter.

(duration) yrs. 8 mos 15 da.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory & Clinical findings

(Signed) W. T. Foster M. D.

2/14, 1925 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL 2/16, 1925

20 UNDERTAKER Sol Guinsons Bro ADDRESS 1121 E. Balto st

95308

HEALTH DEPARTMENT—CITY OF BALTIMORE

95308

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 3424 O'Donnell St., 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Margaret E Plant

(Residence in Baltimore: No. 3424 O'Donnell St.; yrs. 4/4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Nov (Month) 10 (Day) 1870 (Year)

7-AGE. 54 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Samuel Bowden

11-BIRTHPLACE OF FATHER, (State or Country) Maryland

12-MAIDEN NAME OF MOTHER. Sarah Bowden

13-BIRTHPLACE OF MOTHER, (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev E E Johnson

(Address) 1806 Eastern ave

15- FEB 16 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Found Dead on Feb (Month) 11 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas. accident

(Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James H Hanlon M. D. (Coroner.)

Feb 16 1925 (Address) 702 Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cem	2/17 1925
20-UNDERTAKER	ADDRESS
George J Ruth	1735 Hartford ave

95309

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001

D 95309

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3424 O'Donnell St., 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo E Plant

(Residence in Baltimore: No. 3424 O'Donnell St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	married

6-DATE OF BIRTH. May (Month) 15 (Day) 1885 (Year)

7-AGE. 39 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer O&O
(b) General nature of industry, business, or establishment in which employed (or employer): Upper Works

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Plant

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs EE Johnson

(Address) 1406 Eastern ave

15- FEB 16 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead Feb' (Month) 11 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas

accident sudden

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D. (Coroner)

Feb 14 1925 (Address) 701 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cem	2 17 1925

20-UNDERTAKER.	ADDRESS
George J Ruth	1735 Harford ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95310 D 95310

CERTIFICATE OF DEATH.

+90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 Cold Spring Ave ST., 27-6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Nielsen

(a) RESIDENCE NO. Noank Conn, ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Neil Neilsen

6 DATE OF BIRTH (month, day, and year) May 19, 1850

7 AGE 74 Years 8 Months 24 Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Hugh McDonnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mary McDonnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Neil Neilsen (Address) New London.

15 Robert P. Harrison, Registrar

61925 . 19 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 9 . 1925 . to Feb 13 . 1925.

that I last saw h alive on Feb 13 . 1925 .

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

+ Senility

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Mitral Endocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Examination

(Signed) C. B. Emmons, M. D.

2-14 1925 (Address) 5106 Forbes Pittsburgh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New London Conn

DATE OF BURIAL Feb 16 1925

20 UNDERTAKER Margaret D. Flynn

ADDRESS 17-22 Eight St

Spec.—1-10-21—M&T—1500 Bks.

D 95311

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95311

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO. 29

CITY OF BALTIMORE: (No. Mediand Linden St. 43 WARD 5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis W. Kelley

(a) RESIDENCE NO. 3400 Morris Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER William Kelley

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Scheller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Wm. Kelley Father
(Address) 3400 Morris Ave

15 6 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Febr. 14, 1925, to Febr. 12, 1925, that I last saw h. alive on Febr. 12, 1925, and that death occurred, on the date stated above, at 1:25 Pm.

The CAUSE OF DEATH* was as follows:

Tetanus

(over)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Asphyxia Pneumon. Edema Lungs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3400 Morris Ave

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. A. Humphreys, M. D.

, 19 (Address) 20 S Gay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 15 1925

20 UNDERTAKER Margaret L. Lyon

ADDRESS 1425 Light St

Spec.—1-10-21—M&T—1500 Blks.

95312 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95312

CERTIFICATE OF DEATH.

1-PLACE OF DEATH ~~1103 W~~ West Baltimore General Hospital 129 REGISTERED NO.

CITY OF BALTIMORE: (No. Ragnor ave & Dukeland ST., 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Eva Stein

(a) RESIDENCE No. 103 S Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced (or) WIFE of Edward W. Stein

6 DATE OF BIRTH (month, day, and year) Unknown. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or estublishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John. Sommer,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lelora Kiehne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mr August M. Stein (Address) 320 S Gallows St.

15 Burial Permit Clerk. Robert F. Harrison, Registrar

6 1925 . 19 ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/11 , 1925 , to 2/15 , 1925 , that I last saw h[illegible] alive on 2/15 , 1925 , and that death occurred, on the date stated above, at 5:20 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

about 1 yr. mos ds.
(duration)

CONTRIBUTORY (Secondary) Acute Mania & Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) Clement B Mann M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Feby 18 1925

20 UNDERTAKER John F Conway & Son ADDRESS 901 Hollins St

Del F. J. Conway

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95313 95313

CERTIFICATE OF DEATH.

11-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 First St Brooklyn 25-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorthy E. Bathgate

(a) RESIDENCE. No. 125 First St Brooklyn St., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Clarence W. Bathgate Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mary E. Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: C. W. Bathgate Jr.
(Address): 125 First St Brooklyn

15 Filed 6 1925 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1925, to Feb. 16, 1925, that I last saw her alive on Feb. 15, 1925, and that death occurred, on the date stated above, at 7 10 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) — yrs. — 1 mos. 1 wk

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) — yrs. — mos. 2 da.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Leibel M. D.

2/16, 1925 (Address) 1224-126 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Feb. 17 1925

20 UNDERTAKER: Nelson E. Yiles

ADDRESS: 525 Md. Ave Westport

Spec—12-23-21—E.B.R.S.—400 Bks.

95314

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95314

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 810 W. Saratoga St., 18-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Charles Griffin

(a) Residence No.... 810 W. Saratoga St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, ~~Married, Widowed, or Divorced~~ (write which): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 7-18-1888

7-AGE: 36 yrs. 7 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Day Laborer

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Harris Griffin

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md.

12-MAIDEN NAME OF MOTHER, Cassie Kiah

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Rockville Co. Md.

14- (Informant)..... Permelia Pace

(Address)..... 810 W Saratoga

15- FEB 16 1925 Robert P. Harrison, 19.....
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-14-25

17- I HEREBY CERTIFY, That I attended deceased from 2/21, 1925, to 2/14, 1925, that I last saw him alive on 2/13, 1925, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2/16 1925 (Address) 808 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb 16 1925

20-UNDERTAKER: Jno Gerst Hofer — ADDRESS: 426 W. Conway St

Spec—12-23-21—E.B.P.S.—400 Blks.

95315

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95315

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 619 W. Baare st St., 27 Ward) 27-1 129

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thomas Eby

(a) Residence No. 619 W. Baare st St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mamie L. Eby

6-DATE OF BIRTH (month, day and year) March 27, 1875

7-AGE. 49 yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto
(State or Country), Md

PARENTS.

10-NAME OF FATHER, John B Eby

11-BIRTHPLACE OF FATHER (city or town)..... Balto
(State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Partner

13-BIRTHPLACE OF MOTHER (city or town)..... Balto
(State or Country), Md

14-
(Informant) Mrs Mamie L. Eby

(Address) 619 W. Baare st

15-
Filed FEB 16 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 15, 1925

17-I HEREBY CERTIFY, That I attended deceased from March 1, 1924 to Feb. 15, 1925,

that I last saw him alive on Feb. 8, 1925

and that death occurred, on the date stated above, at about 3 A m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Urine Test

(Signed) Wm. M. Dorsett M. D

Feb 16, 1925 (Address) 621 Washington Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Feb 18, 1925
20-UNDERTAKER,	ADDRESS
Jos Foerderer & Son	2073 E. Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95316

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95316

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 170 S. Duncan St. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John J. Rachor.

(a) Residence No. 170 S. Duncan St. St., 1 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 17-1890

7-AGE. 34 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Prussman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 063
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country)..... Md.

PARENTS.

10-NAME OF FATHER. Martin Rachor.

11-BIRTHPLACE OF FATHER (city or town)..... Germany
(State or Country).....

12-MAIDEN NAME OF MOTHER. Mary Bamickel

13-BIRTHPLACE OF MOTHER (city or town)..... Germany.
(State or Country).....

14- (Informant)..... Joseph Rachor
(Address)..... 170 S. Duncan St.

15- Filed ..... 192.. Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 14-1925

17- I HEREBY CERTIFY, That I attended deceased from ....., 1923 to Feby 14 1925
that I last saw h. liv. alive on 2-14 1925
and that death occurred, on the date stated above, at 1.05 m.
The CAUSE OF DEATH* was as follows:
Pul Tuberculosis

.....(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
.....(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?.....
Did an operation precede death?..... Date of.....
Was there an autopsy?.....
What test confirmed diagnosis?.....

(Signed) H. Frank M. D.
2/15 19 (Address) 2939 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Feb. 17th 1925

20-UNDERTAKER. Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Cor.—1-12-25—M&T—100 Bks.

D 95317 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95317

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. St Josephs Hosp 27-1 188-002 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Grasser

(a) RESIDENCE NO. 16 Aisla Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Christina Grasser

DATE OF BIRTH (month, day, and year) Dec 31 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Thos Rurale

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Frank Grasser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Nelson
(Address) 3410 Fairmount

Filed ... 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock - Hemorrage -
Smashed by Street Car
Injuries Feb 17/25
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Walter, M. D.
(Coroner.)
2-16-25, 192 (Address) 516 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem — DATE OF BURIAL Feb. 19 1925

20 UNDERTAKER Lilly & Zeile — ADDRESS 403 S Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

1776 52 95318 D 95318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Roy Rawles.

(a) RESIDENCE NO. Suffolk, Va. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Dec 1. 1898

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) — 006

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER David M Rawles

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Annie Cofer

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Record
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 6 1925 R. 19 Robert P. Harrison Registrar

Deputy Circuit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15th 25

17 I HEREBY CERTIFY, That I attended deceased from January 16, 1925 to February 15, 1925, that I last saw him alive on February 15, 1925 and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Brain Abscess,
secondary to frontal Sinusitis

(duration) 3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of several ops 3 years time

Was there an autopsy? Yes

What test confirmed diagnosis? Operation, Culture, autopsy

(Signed) Julian D Hart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Suffolk Va	Feb 15, 25
20 UNDERTAKER Wm Tucker & Sons	ADDRESS North & Pa

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 95319

CERTIFICATE OF DEATH.

D 95319

27-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Tuberculosis Hospital (St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Joseph Emory

(a) RESIDENCE No. Park Heights & Glen ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Emory

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

066

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER T. Julian Emory

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Keegan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14

Informant Hospital Records

(Address) M. T. H.

15

Filed 6 1925

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 11, 1924 to Feb. 15, 1925.

that I last saw him alive on Feb. 15, 1925,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray, Sputum

(Signed) J. F. White, M. D.

2-16-25 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb 18 1925

20 UNDERTAKER Wm. J. Ecknen & Sons — ADDRESS N. & Pa.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95320

CERTIFICATE OF DEATH.

D 95320

1-PLACE OF DEATH Phoenix Club.

CITY OF BALTIMORE: (No. 1505 Eutaw Place. ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Hecht.

(a) RESIDENCE NO 1730 Eutaw Place. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannie Hecht.

6 DATE OF BIRTH (month, day, and year) Oct. 24th. 1856.

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	68	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Department Store Owner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Hecht, Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Babbett Wolfsheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mr. Stewart Hecht.
(Address) 1730 Eutaw Place.

15 [illegible] 6 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/ 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D.
(Coroner.)

Feb. 16, 1925 (Address) 2502 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs., ...mos., ...ds. In the State.....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cemetery

DATE OF BURIAL: 2/17/ 1925.

20 UNDERTAKER: David Sondheim

ADDRESS: 15-20 W. Pratt. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95321

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95321

CERTIFICATE OF DEATH.

#6

13-5

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2828 Woodbrook Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Theresa Doering

(a) Residence No. 2828 Woodbrook Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, ~~Widowed~~, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Doering

6-DATE OF BIRTH (month, day and year) March 20 48

7-AGE. 77 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Amel Loos

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Amelia Bauer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Emily Doering
(Address) 2828 Woodbrook Ave

15- Filed Feb 16 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 16 25

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1925 to Feb 15 1925

that I last saw h.. alive on Feb 14th 1925

and that death occurred, on the date stated above, at 9 00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(Duration) 1½ yrs. mos. ds

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 3 mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Chas. H. Burbank M. D.

Feb 16, 1925 (Address) 1100 W Lafayette

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cem. DATE OF BURIAL, Feb 16 1925

20-UNDERTAKER. William Cook ADDRESS 502 E Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(D) 95322

CERTIFICATE OF DEATH.

(D) 95322

REGISTERED NO. 100-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Misabach

(a) RESIDENCE No. 405 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Alois Misabach

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Eichorn

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Rec'd 2-16 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-13, 1925, to 2-16, 1925, that I last saw her alive on 2-15, 1925, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) 14 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Claude S. Bruce, M. D.

2-16 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 19 1925

20 UNDERTAKER Wm Cook — ADDRESS 532 S. Fouth Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

95323 — 901 — 95323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Catherine Connelly St., 10-24 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Little Sisters of the Poor.

(a) Residence No. Preston & Caroline St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced,~~ (Write the word.)

5a-~~If married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Daniel Connelly

6-DATE OF BIRTH (month, day and year) 1860

7-AGE. About 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Nun

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Redding

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-Informant Mrs. Keaney

(Address) 504 Holbrook

15-Feb 16 1925, 192.... Robert P. Harrison, Registrar.
~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 15/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 22nd, 19..... to ....., 19.....

that I last saw her alive on Feby 15, 1925

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

Dec (Signed) F A Wurm, M. D.

2/16/25 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Peters Cem. DATE OF BURIAL, 2/17/25, 19....

20-UNDERTAKER. Geo J Roth Jr. ADDRESS 31 Hanford

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95324

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95324

CERTIFICATE OF DEATH. X 5-74

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 386. Forrest St., 5-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Coco

(a) Residence No. 386. Forrest St., Ward Lawrence Mass.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S., If of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of agata

6-DATE OF BIRTH (month, day and year) 4/3. 1848

7-AGE. 76 yrs. 10 mos. 10 ds. ~~LESS than 1 day~~ hrs. or. mins.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Italy
(State or Country).

PARENTS.

10-NAME OF FATHER, Antonino Coco

11-BIRTHPLACE OF FATHER (city or town)..... Italy
(State or Country).

12-MAIDEN NAME OF MOTHER, Giuseppa Grugno

13-BIRTHPLACE OF MOTHER (city or town)..... Italy
(State or Country).

11- (Informant) Joseph & ~~attest~~ Gaetano Coco

(Address) 93 Newbury St. Lawrence Mass.

15- Filed 6 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-15-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1925 to Feb 14 1925

that I last saw h~~e~~r alive on Feb 14 1925

and that death occurred, on the date stated above, at 8:00 p.m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia (Hemorrhage Cerebri) 4th attack

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Lawrence Mass

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Anthony L. Cataldo M. D.

2-16 1925 (Address) 1038 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lawrence, Mass. DATE OF BURIAL. 2-17 1925

20-UNDERTAKER, George J. Ruth ADDRESS 1755 Hanford Ave

Spec.—1-10-21—M&T—1500 Bks.

(Sarah Skinner)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95325 D 95325

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Penna Ave ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Skinner

(a) RESIDENCE NO. 711 Penna Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colld	Marage

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Skinner

6 DATE OF BIRTH (month, day, and year) 1st Dont Know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

dont Know about 34

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work 037

(b) General nature of industry, business, or establishment in which employed (or employer) No Where

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) dont Know Maryland

PARENTS

10 NAME OF FATHER dont Know

11 BIRTHPLACE OF FATHER (city or town) dont Know (State or country)

12 MAIDEN NAME OF MOTHER dont Know

13 BIRTHPLACE OF MOTHER (city or town) dont Know (State or country)

14 Informant James Skinner (Address) 711 Penna Ave

15 Filed Feb 16 19 25 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Janry 11 1926 to Feby 14 1925.

that I last saw her alive on Feby 13 1925

and that death occurred, on the date stated above, at 10.40 A.m.

The CAUSE OF DEATH* was as follows:

Influenza. 1 week

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Infection from Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) Dr. E. Wagner M. D.

, 19 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 2/17/25 19

20 UNDERTAKER Geo. D. Pritt

ADDRESS 1735 Harlem

Spec.—1-10-21—M&T—1500 Bks.

95326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 95326

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. ..... ST., 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Waller

(a) RESIDENCE NO. 1524 Etting Street ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Waller

6 DATE OF BIRTH (month, day, and year) Unknown 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Buchanan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice Dett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bay View Hospital

(Address) Baltimore, Md.

15 Filed FEB 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 '25

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1925, to Feb 13, 1925, that I last saw her alive on Feb 13, 1925, and that death occurred, on the date stated above, at 11.18 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy findings

(Signed) J. H. Smith M. D.

2/14/1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Baltimore Co

DATE OF BURIAL Feb. 17 1925

20 UNDERTAKER Joseph A Farrell

ADDRESS 2319 Division St

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95327

CERTIFICATE OF DEATH.

5-1 101 D 95327

1-PLACE OF DEATH

City of BALTIMORE: (No. 1108 Comet St., 5-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Harris

(a) Residence No. 1108 Comet St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, white | 5-Single, Married, Widowed, or Divorced, (Write the word.) widow

~~If married, widowed, or divorced~~ ~~HUSBAND of~~ WIFE of Augustus Harris

6-DATE OF BIRTH (month, day and year) 1877

7-AGE. 47 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Chicago Ill.

PARENTS.
10-NAME OF FATHER Unknown
11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Nellie Harris
(Address) 1110 E Comet St.

15- FEB 17 1925 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 15-1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 8th 1925 to Feb 15 1925, that I last saw h[illegible] alive on Feb 15 1925, and that death occurred, on the date stated above, at 6.55 p.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None taken

(Signed) Joseph J. Gorsuch M. D.
. 19 (Address) 2619 Fenwick

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Metzger Cem.	Feb 18 1925
20-UNDERTAKER.	ADDRESS
Chas. H. Johnson	446 N. Carolina St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95328

CERTIFICATE OF DEATH.

D 95328

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt. Gen. Hosp. St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Williams

(Residence in Baltimore: No. 1128 Penna Ave. St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): single

6-DATE OF BIRTH: Aug. 17, 1911 (Month) (Day) (Year)

7-AGE: 12 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: "none"
(b) General nature of industry, business, or establishment in which employed (or employer): (crippled)

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Frank Williams Md.

11-BIRTHPLACE OF FATHER, (State or Country): Mabel Majander

12-MAIDEN NAME OF MOTHER: J. C.

13-BIRTHPLACE OF MOTHER (State or Country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel Williams

(Address) 1128 Penna Ave.

15-

FEB 17 1925

ROBERT B. KRAUTER, Registrar.
Central Records Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st, 2nd, & 3rd degree burns of body. (accidental) 4 hrs.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) clothes caught fire

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Feb. 16, 1925 (Address) 2802 Lanvale Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: 2-18-1925

20-UNDERTAKER: Daniel Easton ADDRESS 916 E Lanvale

Spec—12-23-21—E.B.R.S.—400 Bks.

95329 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1001

CERTIFICATE OF DEATH. 10 D 95329

1-PLACE OF DEATH

City of BALTIMORE: (No. 132 E. Birckhead St St. 24-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elvin Crawford

(a) Residence No. 132 E. Birckhead St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX:	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Peters

6-DATE OF BIRTH (month, day and year) May 6 1884

7-AGE.	If LESS than 1 day,
40 yrs. 9 mos. 8 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman 166

(b) General nature of industry, business, or establishment in which employed (or employer) Katz Jewelery

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James Crawford

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Jennie Groves

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs. Margaret A. Crawford

(Address) 132 E. Birckhead St.

15- FEB 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-14-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 19 25 to Jan 14 19 25

that I last saw h alive on Feb 10 19 25

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hepatic Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

Feb 14, 1925 (Address) 1644 Hanover

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem.	2/17 19 25
20-UNDERTAKER.	ADDRESS
I. Frew McCully	130 E. Front

Spec—12-23-21—E.B.R.S.—400 Bks.

Clara Marine

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95330

CERTIFICATE OF DEATH.

45

B 95330 Registered No.

1-PLACE OF DEATH

City of BALTIMORE, (No. 109 W. Montgomery St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Marine

(a) Residence No. 109 W. Montgomery St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1855

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) General Utensils

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jas. Bailey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Rose Borden

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14-

(Informant) Ellen Curtis

(Address) 109 W. Montgomery

15-

FEB 17 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/14/25

17- I HEREBY CERTIFY, That I attended deceased from 2/1/25, 19 to 2/14/25, 19

that I last saw her alive on 2/14/25, 19

and that death occurred, on the date stated above, at 4:55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Acute (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Debilitation

(Duration) " yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ruth Bowley, M. D.

2/16, 25 (Address) 908 Shard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL, 2/17, 19 25

20-UNDERTAKER, John N. Jordan — ADDRESS 1027 Druid Hill

Space filled in—M&T—1500 Blks.

5331

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95331

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (NO. ..... Baltimore, Md ST., 17-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Palmer

(a) RESIDENCE NO. 712 Dolphin Street. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View Hospital (Address) Baltimore, Md

15 Filed FEB 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1917 to Feb. 16 1925, that I last saw her alive on Feb 16 1925 and that death occurred, on the date stated above, at 10.50 A.m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Obesity myocardial insufficiency (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. H. Asmuth M.D.

2/16/1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 2/18/1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95332

CERTIFICATE OF DEATH

5-2 100-001 D 95332

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1318 Orleans St ST., 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Thomas

(a) RESIDENCE NO. 1318 Orleans St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
femalw	col	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Oct 3-24

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	4	12	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Alexander Briscoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.C.

14 Informant Mary Thomas
(Address) 1318 Orleans St

15 Filed ..... 192 ..... ROBERT R. KRAUTER, Registrar
FEB 17 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15-25 1892

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Patterson, M. D. (Coroner.)

2-16-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burg Cemetery

DATE OF BURIAL Feb 17 1925

20 UNDERTAKER Edward Bryon

ADDRESS 1631 Orleans st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95333

CERTIFICATE OF DEATH.

11-602

D 95333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 N. Carey ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Linda Nelson

(a) RESIDENCE NO. 1719 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel W. Nelson

6 DATE OF BIRTH (month, day, and year): May 13, 1871

7 AGE: Years 53 | Months | Days | If LESS than 1 day.....hrs or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: James C. Lloyd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Cecelia Brookes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Daniel W. Nelson

(Address) 1719 Carey St

15 Filed FEB 17 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to Feb 15, 1925.

that I last saw h alive on Feb 15, 1925

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

Feb 16 1925 (Address) 2137 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount | DATE OF BURIAL: Feb 18th 1925

20 UNDERTAKER: Lawrence O'Connell | ADDRESS: 1364 Mary

Cor.—1-12-23—M&T—100 Bks.

95334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 D 95334

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Hopkins Hospital ST., V-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Botzen

(a) RESIDENCE NO. Gwynn's Falls Park (727 S. Broadway ST., WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Wdower

a If married, widowed, or divorced HUSBAND of (or) WIFE of late Annie Botzen

DATE OF BIRTH (month, day, and year) Mar 15-1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11		

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto. City

8 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) same

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) same

14 Informant Wm. A. Botzon
(Address) 10 Asbury Ave

15 FEB 17 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Autopsy at Hopkins Hosp)
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Obesity-arteriosclerosis
Chr. myocarditis (duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Waller, M. D.
(Coroner.)

2-17-1925. (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Cemetery Parkville — DATE OF BURIAL Feb. 18 1925

20 UNDERTAKER Frederick Loose & Sons — ADDRESS Fullerton

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95335

CERTIFICATE OF DEATH.

+ 74-001

D 95335

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Erdman Ave. 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth C. Chisholm

(a) RESIDENCE NO. Loreley Ind. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Chisholm

6 DATE OF BIRTH (month, day, and year) Dec. 25th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Herman Trust

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Charles H. Chisholm Jr.

(Address) Overlea Md.

FEB 7 1925

ROBERT P. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Feb 14, 1925, that I last saw her alive on Feb 14, 1925, and that death occurred, on the date stated above, at 10 55 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia R & L.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) O. H. Carman, M. D.

2-15-1925 (Address) 1701 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Abingdon M. E. Cemetery	Feb. 18 1925
20 UNDERTAKER	ADDRESS
Frederick Lissahm & Sons	Fullerton

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95336

95336

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1322 Arisquith St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mc Namee

(a) Residence No. 1322 Arisquith St., Ward.....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., If of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of the late James E. McNamee

6-DATE OF BIRTH (month, day and year) March 30 1847

7-AGE. 77 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country). Balto Co. Md.

PARENTS.

10-NAME OF FATHER. John Almoney

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Balto. Co. Md.

12-MAIDEN NAME OF MOTHER. Rachael Lowe

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Balto Co. Md

14-INFORMANT. Mrs Ella L. Snyder

(Address) 1322 Arisquith St

15-FEB 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 11 1925 to Feb. 15 1925 that I last saw h. alive on Feb 15 1925 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

due to Ruptured Appendix

Operated on and 3 days afterward to have pericardiac fluid removed

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Appendicitis.

(Duration) — yrs. — mos. 9 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) Jefferson Brack M. D

2/16. 1925 (Address) 2846 St Paul St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery DATE OF BURIAL. Feb. 18 1925

20-UNDERTAKER. Henry Hoerdt Son ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

D 95337 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 131 D 95337

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Burns

(a) RESIDENCE NO. 3741 E. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER William Burns

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed FEB 17 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 1925, to 2-14, 1925,

that I last saw him alive on 2-14, 1925

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pyelitis (B. coli)

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Lab

(Signed) Claude C. Dunn, M. D.

2-15 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL Feb 17 1925

20 UNDERTAKER Mrs C. Miller ADDRESS 2334 Jefferson

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-3 129

D 95338

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 800 N. Luzerne Ave. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary F. Clausen

(a) Residence No. 800 N. Luzerne Ave. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 7, 1856

7-AGE. 69 yrs. 9 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Asmus Clausen

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Denmark

12-MAIDEN NAME OF MOTHER. Catherine Byerly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant). Kate Kirwan

(Address). 800 N. Luzerne Ave.

15-

Filed FEB 17 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 15 25

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925 to Feb 15, 1925

that I last saw h[illegible] alive on Feb 14 1925

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chron Myocarditis Arteriosclerosis Nephritis Chron Duct

(Duration) 2 yrs. mos. ds.

17-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Otto B Lehman M. D.

2/16, 1925 (Address) 7127 Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. Feb. 17, 1925

20-UNDERTAKER. Wm. L. Miller & Son ADDRESS 2334 Jefferson St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95339

CERTIFICATE OF DEATH.

91-602

D 95339

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. FRANKLIN SQUARE HOSPITAL St.; 11-1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellis Michaux

(Residence in Baltimore: No. 1106 Madison Ave St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, January (Month) 9 (Day), 1861 (Year)

7-AGE, 64 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) 054

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thomas J. Michaux

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Katherine O'Brien

13-BIRTHPLACE OF MOTHER (State or Country) London England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Murphy

(Address) 3109 Fairbury St.

15-

Filed 1925

FEB 17 1925 ROBERT R. KRAMER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) – 15 (Day) –, 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-12-1925, to 2-15-1925, that I saw him alive on 2-15-1925, and that death occurred, on the date stated above, at 12.55 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cardio-Renal Insufficiency

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H. J. Parr M. D.

Feb 17, 1925. (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, Feb 17, 1925

20-UNDERTAKER Chas H Crane & Son

ADDRESS 118 West Royal Ave

Spec.—1-10-21—MAT—1500 Blks.

D 95340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95340

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 E. Federal ST., 8-2 WARD)

2-FULL NAME Amelia Arnold

(a) RESIDENCE NO. 2106 E. Federal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Arnold

6 DATE OF BIRTH (month, day, and year) Unknown 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Florence Kapper

(Address) 2106 E. Federal St.

15 Filed FEB 17 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from January 1 1925 to Feb 15 1925.

That I last saw h alive on Feb 15 1925

and that death occurred, on the date stated above, at 7. P.M.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cerebritis

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

2/16 1925 (Signed) Arthur Grave M. D.

(Address) 140 W. Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetary — DATE OF BURIAL: 2/18 1925

20 UNDERTAKER: C.F.Evans & Son- ADDRESS: 118 W. Mt Royal Ave.

Wm R. Seyler.

95341

HEALTH DEPARTMENT—CITY OF BALTIMORE

001 101 D 95341

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Volunteer Hospital St., 30-5 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm R. Seyler

(Residence in Baltimore: No. 315 N. Payson St.; yrs. 44 25 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

6-DATE OF BIRTH, May (Month) 8th (Day) 1871 (Year)

7-AGE, 54 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... 017

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Carl Seyler

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Marie Kohlman

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Seyler

(Address) 315 N. Payson

15- FEB 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 15 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

I Pneumonia Hist. of Influ. Lobar

Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H R Grove M. D.

(Coroner)

2-17 192 (Address) 1127 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL, Feb. 18th 1925

20-UNDERTAKER, H. Seewald & Son ADDRESS 1825 W. North Ave.

Spec.—6-24-24—M. & T.—2000 Bks.

95342

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95342

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. FRANKLIN SQUARE HOSPITAL St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lester L Belt

(Residence in Baltimore: No. 104 So. Carrollton Ave St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1922 (Year)

7-AGE, 2 yrs. 3 mos. 24 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jerome Belt

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Helen Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Belt

(Address) 104 S. Carrollton

15-FILED FEB 17 1925 HUBERT R. KRAUTER, Registrar of Vital Statistics. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) - 15 (Day), 1925 (Year)

I HEREBY CERTIFY, That I attended deceased from 2-14-1925, to 2-15-1925, that I saw him alive on 2-15-1925, and that death occurred, on the date stated above, at 10:40 p m.

The CAUSE OF DEATH* was as follows:

3°- Burns of body & extremeties

..... (Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....da.

(Signed) M. D. Barr M. D.

2-17-1925, (Address) FRANKLIN SQUARE HOSPITAL

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem

DATE OF BURIAL, 2/19, 1925

20-UNDERTAKER Engel & Tuchy

ADDRESS Salem & Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95343

CERTIFICATE OF DEATH.

100 D 95343

14-2 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1403 John St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary McShane

(a) Residence No. 1403 John St., Ward (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 75 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6-DATE OF BIRTH (month, day and year) Dec. 8, 1835

7-AGE, 89 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Charles McShane

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Boyle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Alice McShane
(Address) 1403 John Street

15- Filed FEB 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 16. '25

17- I HEREBY CERTIFY, That I attended deceased from Feby 1st, 1925, to Feby 16, 1925, that I last saw h.. alive on Feby 15, 1925, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Unknown yrs. .... mos. .... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. O'Donovan, M. D.

Feb 16, 1925 (Address) 5 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Mary's Cemetery, Govans — DATE OF BURIAL, 21, 19 25

20-UNDERTAKER. Henry W. Myers & Son — ADDRESS 805 N. Calvert St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95344

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95344

CERTIFICATE OF DEATH.

12-101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2712 N. Calvert St., 12 Ward) 3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Early

(a) Residence No. 2712 N. Calvert St., Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Early

6-DATE OF BIRTH (month, day and year): Feb. 19, 1870

7-AGE: 54 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town): Frederick
(State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Joseph Tregellas

11-BIRTHPLACE OF FATHER (city or town):
(State or Country): England

12-MAIDEN NAME OF MOTHER: Mary Rogers

13-BIRTHPLACE OF MOTHER (city or town):
(State or Country): England

14- (Informant): William Early
(Address): 2712 N. Calvert St.

15- Filed FEB 17 1925, 192 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 16/1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 11 1925, to Feb 15 1925, that I last saw h[illegible] alive on Feb 15 1925, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) -- yrs. -- mos. 5 ds.

CONTRIBUTORY (Secondary): Ch. Valv. Endocarditis

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) Jefferson Brune M. D.

2/16, 1925 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: 2/17, 1925

20-UNDERTAKER: Henry A. Mears & Son — ADDRESS: 805 N. Calvert St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95345

CERTIFICATE OF DEATH.

101-001

D 95345

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 W. Biddle St., ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Etta Madison,

(a) RESIDENCE NO. 437 W. Biddle St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May - 1887.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 07⁰

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER James Madison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Hattie Welbourne,
(Address) 437 W. Biddle St.,

FEB 17 1925 ROBERT R. [illegible] Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1925, to Feb. 15, 1925,
that I last saw her alive on Feb. 15, 1925
and that death occurred, on the date stated above, at 2 p. m.
The CAUSE OF DEATH* was as follows:

Lobar-Pneumonia.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Not known.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical.

(Signed) Harvey F. Brown, M. D.

, 19 (Address) 1501 Presstman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Glendennia Va	Feb 17 1925
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 1725 Eastland

Spec.—6-9-19—H. P. Co.—1000 Bks.

95346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90D 95346

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Barclay ST. 17-4 WARD)

2-FULL NAME Julia Washington

(a) RESIDENCE. NO. 3108 Barclay ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Washington

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Appx	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Jefferson

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Alexander Washington (Address) 3108 Barclay St

15 Filed FEB 17 1925 19 ROBERT R. ... Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1924, to Feb 14, 1925, that I last saw h[illegible] alive on Feb 13, 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Dilated heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ,

Was there an autopsy? "

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

. 19 (Address) 2105 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb. 17 1925
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	1225 Carlton

Spec.—1-10-21—M&T—1500 Bks.

D 95347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 95347

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 th. Mont ST., 17-2 WARD)

2-FULL NAME Geo. W. Wyatt.

(a) RESIDENCE No. 504 th Mont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline Wyatt

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Public 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Wyatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Madeline Wyatt (Address) 504 th. Mont

15 Filed ..., 19... ROBERT R. KRAUTER, Registrar

FEB 17 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/4, 1925, to 2/14, 1925, that I last saw h alive on 2/14, 1925, and that death occurred, on the date stated above, at 4.0, m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis Endocarditis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 4 yrs. mos. da.

18 Where was disease contracted if not at place of death? 6 4 6 Mont

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 924 Mont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	Feb 15 19 25
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 1725 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95348

CERTIFICATE OF DEATH.

16-5 90

D 95348

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3239 Eastern ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles T. Bandell

(a) Residence No. 3239 Eastern ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 22 1845

7-AGE. 80 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER, Charles M. Bandell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Sarah E. Nizer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not known

14- (Informant) Jacob R. Button

(Address) 3239 Eastern ave

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

FEB 17 1925 Health Permit Dept.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 15-1925

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1925 to Feb 15 1925

that I last saw him alive on Jan 12 1925

and that death occurred, on the date stated above, at 9 00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Emphysema

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart Murmur (Complete)

(Signed) D T Mahon, M. D

, 19 (Address) 301 S Ellwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oakland Cem. DATE OF BURIAL. Feb 17 1925

20-UNDERTAKER. Zirkler & Zirkler ADDRESS 1739 E. Eager St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95349

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1946 Mosher ST.: 16 WARD) REGISTERED No. 437

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Robinson

(a) RESIDENCE. No. 1946 Mosher ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow Ralph Robinson

6 DATE OF BIRTH (month, day, and year): Apr 26 1893.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer): 667
(c) Name of employer: Charles Co

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Morris H Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Frances Franklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charles Co Md.

14 Informant (Address): Morris H Robinson 319 W Redwood.

15 Filed FEB 17 1925 HUBERT R. KRAUTER, Registrar Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2 1925 to Feb. 15 1925, that I last saw her alive on Feb. 15 1925, and that death occurred, on the date stated above, at 9:00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Abscess

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Examination

(Signed) Carlos L. Baggott, M. D.

. 19 (Address) 1015 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudown	2/18 1925

20 UNDERTAKER: Emard & Funk ADDRESS 1017 Valley St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17 D 395350 — 32 D 95350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: JOHNS HOPKINS HOSPITAL — REGISTERED NO. 8-2

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth Blakeney

(a) RESIDENCE NO. 1625 N. Montford ~~Ward~~ (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) ..... —

(c) Name of employer ..... —

9 BIRTHPLACE (city or town) (State or country) ..... Baltimore

PARENTS

10 NAME OF FATHER Harry Blakeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz Goldbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16 1925

17 I HEREBY CERTIFY, That I attended deceased from February 7, 1925 to February 16 1925, that I last saw ~~him~~ alive on February 16, 1925 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Aufjacobson, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemty	Feb 18 1925
20 UNDERTAKER: Robt J Turner Sr	ADDRESS: 1542 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-PLACE OF DEATH B 95351 CERTIFICATE OF DEATH. 76-41-002 Registered No. B 95351

City of BALTIMORE: (No. Bayview Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert McDonald

(Residence in Baltimore: No. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	single

6-DATE OF BIRTH. about 1 (Month) (Day) (Year)

7-AGE. about 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Probably Baltimore

PARENTS.

10-NAME OF FATHER, McDonald

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

FEB 17 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Stark.

THE MORGUE

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal probably Influenza

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Nervous breakdown

(Duration) yrs. mos. 4 ds.

(Signed) James H. Pinkerton M. D. (Coroner.)

Feb 14 1925 (Address) 700 Cathedral

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, 19

20-UNDERTAKER. ADDRESS

JOHNS HOPKINS HOSPITAL

Superintendent Morgue

FEB 17 1925

Spec.—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95352 **CERTIFICATE OF DEATH.** 38 D 95352

Registered No.....

1-PLACE OF DEATH St. Joseph's Hosp

City of BALTIMORE: (No. ..... St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hawkins

(a) Residence No. 22 Norris St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: negro

5-Single, Married, Widowed, or Divorced, (Write the word.): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: not ascertained

6-DATE OF BIRTH (month, day and year) .....

7-AGE: 41 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS:

10-NAME OF FATHER, not ascertained

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country),

12-MAIDEN NAME OF MOTHER, " "

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country),

14-(Informant) Patient

(Address) .....

15-Filed ..... 192 ROBERT R. KRAMER, Registrar.

FEB 17 1925 ROBERT R. KRAMER, Deputy Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925 to Feb 12, 1925

that I last saw him alive on Feb 12, 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Aneurism of Splenic Artery

(Duration) — yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Wassermann

(Signed) J. B. Sybert M. D

19 (Address) St Jos. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. ST JOSEPHS HOSPITAL

DATE OF BURIAL. .....

20-UNDERTAKER. .....

ADDRESS ..... FEB 17 1925

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 95353

1-PLACE OF DEATH D 95353 REGISTERED NO.

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital ST., 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lee

(a) RESIDENCE NO. 217 S. Spring st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lodge Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Addie Seaman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address) M.T.H.

15 Filed ..... 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

FEB 17 1925

0182

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1925, to Feb. 9, 1925, that I last saw h im alive on Feb. 9, 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) I. B. Whaley M. D.

2-9-25 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Bureau of Health,

FEB 17 192

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95354

CERTIFICATE OF DEATH.

GD 95354

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 641 Josephine st St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Walter Harrudy

Residence in Baltimore: No. 641 Josephine St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1887 (Year)

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... 37

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo Summerfield

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Harris

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Chas. Harrudy

(Address)..... 641 Josephine St

15- FEB 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 14 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, aut-) ..... find that said deceased came to Her death (opsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

..... (Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. K. Tomasel M. D. (Coroner)

2-17 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Md. Auburn	Feb. 19 1925
20-UNDERTAKER.	ADDRESS 1027
John H. Tradum	Druid Hill

Spec.—1-10-21—M&T—1500 Blks.

D 95355 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95355

CERTIFICATE OF DEATH.

1925 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. University Hospital ST. 17 WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kathleen Welles

(a) RESIDENCE NO. 405 W. 28 St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) WIFE of Dr. Brady B. Wells

6 DATE OF BIRTH (month, day, and year) July 18 1896

7 AGE: Years 28; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Philip O'Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Teese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Philip J. O'Shea.

(Address) 2822 Maryland ave.

15 Filed FEB 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Feb 16, 1925, that I last saw her alive on Feb 16, 1925, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection (following self-induced abortion)

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Septicaemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Alexander Novey M. D.

2/16, 1925 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Feb 19 1925

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 917 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

95356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 95356

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Coleman

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital (Address)

15 FEB 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15-1925

17 I HEREBY CERTIFY, That I attended deceased from 2-14, 1925, to 2-15-, 1925

that I last saw her alive on 2-14, 1925

and that death occurred, on the date stated above, at 12.15 a m.

The CAUSE OF DEATH* was as follows:

Suicide Determination

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Aut.

(Signed) Claude G. Brown, M. D.

2-17 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL 2/18/ 1925

20 UNDERTAKER J. Reordan White ADDRESS 1133 W. Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95357

D 95357

CERTIFICATE OF DEATH.

6-2 57

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Wolfe ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdelena Schuler

(a) RESIDENCE NO. 25 N. Wolfe ST., 6 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of the late George Schuler

6 DATE OF BIRTH (month, day, and year) Feb. 15th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Dickud.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Annie Fiedler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Annie Schuler (daughter)

(Address) 25 N. Wolfe St.

15 Filed 2-17 1925 16 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1924, to Feb 15, 1925.

that I last saw her alive on Feb 14, 1925,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of feet

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Sign

(Signed) Leo Keller M. D.

3/16 1925 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Feb. 18 1925

20 UNDERTAKER Lilly & Zeiler. — ADDRESS 403 S. Wolfe

Spec- 12-23-21- E.B.R.S.—400 Blks.

95358

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 95358

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 701 N Port St. 7-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E Beranek

(a) Residence No. 701 N Port St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 11 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Beranek

6-DATE OF BIRTH (month, day and year) Mar 18 1887

7-AGE. 37 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 423

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Victor Beranek

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Mary Poborny

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14-

(Informant) Mary Beranek

(Address) 701 N Port St

15-

Filed 7 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 16/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1924 to Feb 16 1925 that I last saw h. alive on Feb 16 1925 and that death occurred, on the date stated above, at 8.45P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) 1 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Path

(Signed) Edward Duval M. D

, 19 (Address) 20 E Preston St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Hill Cem. DATE OF BURIAL. Feb 19, 1925

20-UNDERTAKER. Frank Croxton ADDRESS 1906 Gold St

Spec.—1-10-21—M&T—1500 Bks.

D 95359

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95359

CERTIFICATE OF DEATH.

+794-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael A. Buckley Phila. Pa.

(a) RESIDENCE NO. 62nd - Cedar Av ST., WARD Reading Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? 68 yrs. 0 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ellen Buckley

6 DATE OF BIRTH (month, day, and year): Jan-22-1857

7 AGE: Years 68 Months 0 Days 26 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 31

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Reading Pa.

PARENTS

10 NAME OF FATHER: John Buckley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Donohue

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mt. Hope Rets.
(Address)

Filed 7-1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1925, to Feb. 17, 1925, that I last saw him alive on Feb. 17, 1925, and that death occurred, on the date stated above, at 2.40 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.
(Hemiplegia)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Hemiplegia.

(Signed) Milton P. Hill M. D.

, 19 (Address) 1731 Cor. Reading Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reading Pa.

DATE OF BURIAL: Febry-17 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95360

CERTIFICATE OF DEATH.

95360

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 W. Lombard ST.: 4-1 WARD) REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant (Anna) Ganipranskas

(a) RESIDENCE. No. 653 W. Lombard ST.. WARD.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 50 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Anthony Ganipranskas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Amelia Butwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Anthony Ganipranskas
(Address) 653 W. Lombard St.

15 Filed 7 1925 — Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16- 1925

17

I HEREBY CERTIFY, That I attended deceased from February 16, 1925, to February 16, 1925, that I last saw her alive on February 16, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature at 7 mos

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) D. B. Bromwhar, M. D.

2-17. 1925 (Address) 3037 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Rohrer State Board — DATE OF BURIAL: 2/17 1925

20 UNDERTAKER: Commissioner of Health,
ADDRESS
Per. Wm. E. WOODALL

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95361

95361

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3602 Copley Road ST., 16 WARD)

2-FULL NAME Caroline Kirk Wordington

(a) RESIDENCE NO. 3602 Copley Rd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Henry L Worthington

6 DATE OF BIRTH (month, day, and year) June 11, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Rising Sun Md.
(State or country)

PARENTS

10 NAME OF FATHER Dr. L. R. Kirk

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Richardson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mr. H. Linn Worthington
(Address) 3602 Copley Rd.

15 FEB 7 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to Feb 17, 1925.

that I last saw him alive on Feb 16, 1925

and that death occurred, on the date stated above, at 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Anemia Interstitial Nephritis

Asthenia Gallbladder

Hemiplegia

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Anemia Coma

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? not Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) C. C. Smith, M. D.

Feb 17, 1925 (Address) 4209 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brookview Cem Rising Sun	Feb 19 1925
20 UNDERTAKER	ADDRESS
Wm J Tickner & Sons	North Ave

95362

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95362

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 [illegible] Caroline St., 1-2 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Samuel Schmitt

(Residence in Baltimore: No. 2508 Fleet St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE. Wht

5-Single, Married, Widowed, or Divorced. (Write the word.) Marrd

6-DATE OF BIRTH. OCT (Month) 31 (Day) 1892 (Year)

7-AGE. 32 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cast driver
(b) General nature of industry, business, or establishment in which employed (or employer). City

9-BIRTHPLACE. (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Adam Schmitt

11-BIRTHPLACE OF FATHER. (State or Country). Balto City

12-MAIDEN NAME OF MOTHER. Agnes Schmittel

13-BIRTHPLACE OF MOTHER. (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Schmitt

(Address) 2508 Fleet St

15- FILED 1925 Robert J. Barrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Found floating in harbor Feb. (Month) 14 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary)

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) James M. Hanlon M. D. (Coroner.)

Feb 16 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Feb 18 1925

20-UNDERTAKER. John H. Weber — ADDRESS 1803 Bank St

Spec.—1-10-21 M&T 1500 Bks.

D 95363

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 4 WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Bowers

(a) RESIDENCE NO. North Point Road & Eastern Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margueth Bowers

6 DATE OF BIRTH (month, day, and year): Unknown 26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maine R. D.

PARENTS

10 NAME OF FATHER: Frank Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine R. D.

12 MAIDEN NAME OF MOTHER: Hannah Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maine R. D.

14 Informant: Margueth Bowers

(Address)

15 Filed 1 7 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/25

17 I HEREBY CERTIFY, That I attended deceased from 1/11/25, 19..., to 2/12/25 19..., that I last saw h alive on 2/12/25, 19..., and that death occurred, on the date stated above, at 10 Oc a m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

Diphtheria

Lobar Pneumonia

(duration) ... yrs. mos. ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of 1/14/25

Was there an autopsy? Yes

What test confirmed diagnosis Clinical & Autopsy

(Signed) K. W. Dolby M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb. 19, 1925

20 UNDERTAKER: Wendell Hyppe & Son — ADDRESS: 37 Edmondson

Cor.—1-12-23—M&T—100 Bks.

D 95364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 95364

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 36 S Caroline ST., 3-2 WARD)

2-FULL NAME Rose Jackson

(a) RESIDENCE NO 36 S. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Jackson

DATE OF BIRTH (month, day, and year) June 6 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	7	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

BIRTHPLACE (city or town) Norfolk
(State or country) Va

10 NAME OF FATHER John King

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Hampton Va

12 MAIDEN NAME OF MOTHER Martha Wallace

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

14 Informant Lola Ashburn
(Address) 36 S Caroline St

15 Filed FEB 7 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) James M Ferbee, M. D.
(Coroner)
(Address) 704 E Chase
Feb 16 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Feb 18 1925
20 UNDERTAKER	ADDRESS
Mrs. Jas. H. Dennis. Rep. H. E. Kehoe	1328 Pressman St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95365 D 95365

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 101 W. Clement St., 23-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred B. McCurdy

(a) Residence No. 101 W Clement St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 4, 1904

7-AGE, 20 yrs. 2 mos. 12 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Dr

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Jno A. McCurdy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Mary E. Butler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto, Md.

14-

(Informant) Jno. McCurdy

(Address) 101 W. Clement St

15-Filed FEB 17 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 16-26

17- I HEREBY CERTIFY, That I attended deceased from Jan 9, 19 25, to Feb 16, 19 25

that I last saw h. alive on Feb 16, 19 26

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) — Tonsilectomy

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. M. Mullet, M. D.

2/17, 19 25 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL — Cathedral Cem. — DATE OF BURIAL, Feb 19, 1925

20-UNDERTAKER, Margaret G F Lynn — ADDRESS 1422 Light St

95366 HEALTH DEPARTMENT—CITY OF BALTIMORE 95366

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Presbyterian Eye Ear Hosp. St. 49 Ward) Registered No. C. 100-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul W Lamp

(Residence in Baltimore: No. 1803 Eagle St. Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: March 29 (Month) (Day) 1918 (Year)

7-AGE: 6 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balt City

PARENTS.

10-NAME OF FATHER: Willard C Lamp

11-BIRTHPLACE OF FATHER, (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Smith

13-BIRTHPLACE OF MOTHER, (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willard C Lamp

(Address) 1803 Eagle St

15- 1-7-1925

Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia

following Tonsilectomy

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) James M. Faulton M. D. (Coroner)

Feb 17 1925. (Address) Took charge

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death ....yrs. ....mos. 2 In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1803 Eagle St

Former or usual residence 1803 Eagle St

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: 2/19 1925

20-UNDERTAKER: Geo A Tinley ADDRESS: Fulton & Fayette

pec.—6-9-19—H. P. Co.—1000 Bks.

D 95367

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95367

CERTIFICATE OF DEATH.

11½

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1015 Druid Hill ave ST.: 41-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Haines

(a) RESIDENCE. NO. 1015 Druid Hill ave ST. ..... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Va
(State or country)

PARENTS

10 NAME OF FATHER Alex Haines

11 BIRTHPLACE OF FATHER (city or town) ..... Va.
(State or country)

12 MAIDEN NAME OF MOTHER Maggie Lathorn

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant (Address) 1015 Druid Hill ave

15 Filed 7 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1925, to Feb 15, 1925, that I last saw him alive on Feb. 13, 1925, and that death occurred, on the date stated above, at 6.35 P m.

The CAUSE OF DEATH* was as follows:

Terminal Shock

about 10 Min.

(duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Indigestion about 30 min

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home (over)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Fotheringham M. D.

(Address) 1014 Druid Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	2/18 1925
20 UNDERTAKER John H. Toadvine	ADDRESS 1027 Druid Hill ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95368

CERTIFICATE OF DEATH.

100-00 D 95368

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael McNulty

(a) RESIDENCE NO. 2428 Fait ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick McNulty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Municipal Hospital Records

(Address)

15 Filed 7 1925

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15-1925

17 I HEREBY CERTIFY, That I attended deceased from 2-7, 1925, to 2-15, 1925,

that I last saw him alive on 2-15, 1925,

and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) Claude G. Moan, M. D.

2-16 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patricks bem	2/18/1925
20 UNDERTAKER	ADDRESS
J. G. Moan	E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

95369

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 ✓ D 95369

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital 19-2 ST., (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Kettering

(a) RESIDENCE NO. 1720 Ramsay Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced (write the word) S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-17-25

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Kettering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know

12 MAIDEN NAME OF MOTHER Isabelle Flaherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S. City

14 Informant (Address) John Kettering 1720 Ramsay Alley

15 Filed 7 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/25 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17 - 1925 to Feb. 17 - 1925, that I last saw h alive on Feb. 17 - 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pre-maturity

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Placenta previa

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dudley P. Bowie M. D.

Feb 17 1925 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cemetery — DATE OF BURIAL 2/18/25

20 UNDERTAKER Harry A Wittyke — ADDRESS 1531 Lanvale

Spec- 12-23-21- E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95370

CERTIFICATE OF DEATH.

13-90

D 95370

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3302 Gilman Terrace St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabel Stansbury Stebbins

(a) Residence No. 3302 Gilman Terrace St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Harry O. Stebbins

6-DATE OF BIRTH (month, day and year) Oct. 15, 1856

7-AGE.	If LESS than 1 day.
68 yrs. 4 mos. 1 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore
(State or Country) Maryland

PARENTS.

10-NAME OF FATHER, William Thomas Stansbury

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Mary Ann Costello

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country) Maryland

14- (Informant) Harry O. Stebbins
(Address) 3302 Gilman Terrace

15- FEB 18 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 16- 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to Feb. 16 1925

that I last saw h alive on Feb 12 1925

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
and Fatty Degeneration

Unknown (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Acute Dilatation (Cardiac) Sudden.

(Duration) ..yrs. ..mos. ..ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall M. D.

, 19 (Address) Wyliesave Resolution Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	2/18 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95371

CERTIFICATE OF DEATH.

118-002

D 95371

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No.) Municipal Hospitals ~~St. Bay View~~ 8-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Fergenstein

(a) RESIDENCE NO. 1015 Kenwood Ave. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer gdo

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Germany
(State or country)

PARENTS

10 NAME OF FATHER John Fergenstein

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Bay View Hospital Records
(Address)

15 Filed FEB 18 1925 ROBERT P. KRAUTER, Registrar
Marital Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/11 1925, to 2/12 1925.

that I last saw him alive on 2/12 1925

and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Post operative ventral hernia

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 2/11/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Arnold L. Jensen, M. D.

. 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 2/19/1925

20 UNDERTAKER J. J. Tilley & Sons — ADDRESS 1318 Light St

S·A·F

ODAK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95372

CERTIFICATE OF DEATH.

14-001 D 95372

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lula Ford

(a) RESIDENCE NO. 643 Pierce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Florida
(State or country)

PARENTS

10 NAME OF FATHER Dave Cooper

11 BIRTHPLACE OF FATHER (city or town) Florida
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Florida
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed FEB 18 1925 ROBERT H. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-14, 1925, to 2-16, 1925

that I last saw her alive on 2-16, 1925

and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Left Hemiplegia)

Bronchopneumonia (Terminal)

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Aut

(Signed) Claude C. Dorsey, M. D.

2-14, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 2/19 1925

20 UNDERTAKER Samuel Hemsley ADDRESS 578 N Eden

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95373

CERTIFICATE OF DEATH.

74-09 D 95373

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 Waseche ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Wilson

(a) RESIDENCE NO. 742 Waseche ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Wilson

6 DATE OF BIRTH (month, day, and year) July - 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	81	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress at home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md

PARENTS

10 NAME OF FATHER James Puraway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Amelia Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant William H Wilson (Address) 742 Waseche St

15 Filed FEB 18 1925 ROBERT P. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15th, 1925, to July 15th, 1925, that I last saw her alive on July 15th, 1925, and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy (duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage & Hemiplegia (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms &c

(Signed) Edward E Mackenzie M. D.

(Address) 1337 W North Ave July 16 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 2/18 1925

20 UNDERTAKER Samuel F Hensley — ADDRESS 578 W Balto

Alcorn

D 95374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95374

1-PLACE OF DEATH

City of BALTIMORE: (No. 734 Marshall St. 4-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Alcorn Jr

(Residence in Baltimore: No. 734 Marshall St.; 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, (Widowed), or Divorced. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. Unknown (Month) ..... (Day) 1883 (Year)

7-AGE 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER. Perry Alcorn Sr

11-BIRTHPLACE OF FATHER, (State or Country) Montgomery Co Md

12-MAIDEN NAME OF MOTHER. Lara Payne

13-BIRTHPLACE OF MOTHER, (State or Country) Wash. D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Perry Alcorn Sr

(Address) 734 Marshall

15-

Filed ..... 192 FEB 18 1925 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edward Heart disease

(Duration) ..... yrs. Don't know mos. ..... ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Gormley M. D. (Coroner.)

1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL Mt Carmel DATE OF BURIAL 2/18 1925

20-UNDERTAKER Edward T Kinsella ADDRESS 1132 Bd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95375

CERTIFICATE OF DEATH.

101 001 D 95375

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1504 N. Dallas ST., 8-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Anderson

(a) RESIDENCE NO. 1504 N Dallas ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 24, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Miss Viola Anderson (sister) 1504 N Dallas st

Filed FEB 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1925, to Feb 15, 1925, that I last saw h[illegible] alive on Feb 15, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J [illegible], M. D.

2/16/25 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Laurel cem-

DATE OF BURIAL Feb 19 1925

20 UNDERTAKER Joseph A Farrell

ADDRESS 2-3-19 Pratt

Spec.—1-10-21—M&T—1500 Blks.

D 95376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 95376

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 N. Fulton Ave. 16-7 WARD)

2-FULL NAME John Skinner

(a) RESIDENCE No. 627 N. Fulton Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie R. Skinner

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Skinner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Salisbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Maurice E. Skinner

(Address) 301 Roland ave

FEB 18 1925

ROBERT R. BRAUTER, Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 10 Feby, 1925, to 16 Feby, 1925, that I last saw h[illegible] alive on 15 Feb, 1925, and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. — mos — ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical-Urine-B.P.

(Signed) Horace W. Byers, M. D.

, 19 (Address) 749 W. North Ave —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Feby 18 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

95377 D 95377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Cooper

(a) RESIDENCE NO. 2103 Division St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Odd

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Hospital Record (Address)

15 Filed ..... 19 ..... ROBERT P. ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/25

17 I HEREBY CERTIFY, That I attended deceased from 1/20/25, 19..., to 2/16/25, 19...

that I last saw h alive on 2/16/25, 19...

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Uremia Collapse

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Embolus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 2/3/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) K. W. Gallery, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Feb 20th 1925

20 UNDERTAKER Joseph A Farrell

ADDRESS 318 Division St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 D 95378

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister M. Dymphnette Norton

(a) Residence No. Convent de Notre Dame Aisquith & Ashland Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct-30-1866

7-AGE, 58 yrs. 3 mos. 17 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Roxbury Mass

PARENTS

10-NAME OF FATHER, Thomas Norton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Brennan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Sister Mary Dionede

(Address) Notre Dame Aisquith St

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/16/25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 22 19 25 to Feb 16 19 25

that I last saw her alive on Feb 16 19 25

and that death occurred, on the date stated above, at 3 P.M. on

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Intestinal sepsis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma colon

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of Resection-appendicitis 2/10/25

Was there an autopsy? No.

What test confirm diagnosis? Phys. Evidence & Op.

(Signed) Geo. B. Aylbert M. D

, 19 (Address) St Jos. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loch Raven Cliff Md — DATE OF BURIAL: Feb 19 19 25

20-UNDERTAKER: Frank A. Fink — ADDRESS: 915 W. Gay St

Spec—12-23-21—E.B.R.S.—400 Bks.

95379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

B 95379

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 917 Arlington Ave St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Henderson

(a) Residence No. 917 Arlington Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sep. 21 1864

7-AGE, 60 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wesley Snowden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Julia A. Dykes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-

(Informant) Julia Williams

(Address) 917 N. Arlington Ave

15-

Received FEB 18 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 15/25

17- I HEREBY CERTIFY, That I attended deceased from Jany 16, 1925, to Feby 15, 1925

that I last saw her alive on Feby 14, 1925

and that death occurred, on the date stated above, at 10.40 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

2/17/1925 (Signed) Hank E. Wagner M. D.

(Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Feb. 18, 1925

20-UNDERTAKER, Jno. M. Johnson — ADDRESS 1309 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95380

CERTIFICATE OF DEATH.

32 D 95380

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-3 WARD)

2-FULL NAME Charles Wells

(a) RESIDENCE NO. 235 N. Luzerne ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 25-1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Walter M. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Elizabeth B. Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Walter M. Wells

(Address) 235 N. Luzerne St

15 Filed FEB 18 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 17 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-11, 1925, to 2-17, 1925,

that I last saw him alive on 2-17, 1925,

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

a Pyuemia Lung Abscess.

(duration) a yrs. c mos 23 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical — Path

(Signed) Frederick B. Dart, M. D.

, 19 (Address) 2348 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Feby 19 1925
20 UNDERTAKER Robt Krauter	ADDRESS 1 E. Biddle

Spec.—L-10-21—M&T—1500 Bks.

D 95381

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95381

CERTIFICATE OF DEATH.

2-5-25

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. 6th St. Brooklyn WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa C Meyers

(a) RESIDENCE NO. 109 S 6th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. P. Meyers

6 DATE OF BIRTH (month, day, and year) APRIL 5 1854

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Philip Doenges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William G Meyers (Address) 109 S 6th St Brooklyn

15 Filed ..... 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1924, to Feb 15 1925, that I last saw h[er] alive on Feb 15 1925, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) diabetes mellitus

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Mule Stiften, M. D.

2/16, 1925 (Address) 139 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Feb 18 1925
20 UNDERTAKER	ADDRESS
John F. Doenges	715 Light St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95382

D 95382

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Hutchins

(a) RESIDENCE NO. 1545 N. Bruce St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 22-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Frank Hutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Virginia Russ

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Virginia Hutchins
(Address): 1545 N. Bruce St

15 FEB 18 1925 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

Autopsy at Hopkins Hospital

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ricketts

(duration) yrs. mos. ds.

(Signed) J. H. Pollitzer, M. D.
(Coroner.)

2-17-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb. 18 1925
20 UNDERTAKER: Virginia A. Brodie	ADDRESS: 1463 Carey

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95383 86 D 95383

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Linden Av St. 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred E. McCauley

(Residence in Baltimore: No. 1607 Linden av St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Sept 18 d, 1916
(Month) (Day) (Year)

7-AGE, 8 yrs. 5 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, James C. McCauley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Evelyn M. Payne

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Evelyn M. McCauley

(Address) 1607 Linden ave

15- FEB 18 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2- 16, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-15 1925, to 2-16 1925, that I saw h[illegible] alive on 2-16 1925, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal
Tuberculosis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY Acute Gastro Int
(Secondary) Tuberculosis

(Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

2-17-, 1925 (Address) 1604 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, 2/18, 1925

20-UNDERTAKER Philip Henry

ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95384

CERTIFICATE OF DEATH.

129 D 95384

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Chester ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia L. Diedeman

(a) RESIDENCE NO. 521 N. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. — mos. — ds. How long in U. S., if of foreign birth? 71 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late John Diedeman

6 DATE OF BIRTH (month, day, and year): Apr 15/43

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
81	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Philip Gottlieb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Bertha Tilton

(Address) 521 N. Chester

FEB 18 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/16 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to Feb 16, 1925, that I last saw h[illegible] alive on Feb 16, 1925, and that death occurred, on the date stated above, at 11.25 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis Chronic Nephritis (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Chas B Lemmon, M. D.

2/17, 1925 (Address) 711 N Fat Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem.

DATE OF BURIAL: 2/18 1925

20 UNDERTAKER: Philip Henry

ADDRESS 2016 Aliceanna

Spec—12-23-21—E.B.R.S.—400 Bks. Mary Clubb

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95385

CERTIFICATE OF DEATH.

D 95385

1-PLACE OF DEATH St Jos Hospital

City of BALTIMORE: (No. ... Baltimore ... St., 26-8 ... Ward) Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Clubb

(a) Residence No. 1065 S 2nd ... St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Mar 8-1914

7-AGE. 10 yrs. 3 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, James E. Clubb

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER, Alma Davis.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14-(Informant) Mrs James E Clubb
(Address) 906 S 2nd St

15-
Filed ... 192 ... Registrar.

FEB 13 1925 ... Deputy Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 9th 1925 to Feb 14 1925, that I last saw h.r alive on Feb 14th 1925, and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Peritonitis

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) ...
(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 10th/25

Was there an autopsy? No

What test confirmed diagnosis? Cultures

(Signed) H. B Sybert M. D

19 (Address) St Jos. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem	Feb 15 ... 192[illegible]
20-UNDERTAKER, John Ullrich	ADDRESS Dodd Orleans

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95386

CERTIFICATE OF DEATH.

90 D 95386

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2654 Frederick Ave St., 20-1 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Shank,

(a) RESIDENCE No. 2654 Frederick Ave St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Aug 31, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John P Shank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Sarah Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Thos. Sommers
(Address) 2654 Frederick Ave

15 FEB 18 1925 Robert R. Krauter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1924 to Feb 16, 1925, that I last saw her alive on Feb 15, 1925, and that death occurred, on the date stated above, at 6.10 m.

The CAUSE OF DEATH* was as follows: Myocarditis =

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis 10 Days

Oedema of lung 1 Da =
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan M. D.

, 19 (Address) Edward V. Coolahan, 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Feb 19 1925

20 UNDERTAKER W. M. Cook — ADDRESS 502 E Lexington

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95387

CERTIFICATE OF DEATH.

11-001

D 95387

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E Preston on ST.; 11-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary a Winter

(Residence in Baltimore: No. 6 E Preston on St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Oct 2 (Month) (Day), 1852 (Year)

7-AGE, 72 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, John Shapley

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Ann Byrnes

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Schaub

(Address) 6 E Preston St

15- FEB 18 1925 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 16 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 7 1925, to Feby 16 1925, that I saw h[er] alive on Feby 15 1925, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Grippa Cvcs

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Chas R Dawson M. D.

Feby 16, 1925 (Address) 2108 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb. 19 1925

20-UNDERTAKER — ADDRESS 532 E Baltimore

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95388 95388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4708 Harford Rd St., 2-7-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J Stone

(a) Residence No. 4708 Harford Rd St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced) HUSBAND of (or) WIFE of Louise E Stone

6-DATE OF BIRTH (month, day and year) Feb 23 1879

7-AGE. 45 yrs. mos. ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Chief Fire Dept

(c) Name of employer Balto Fire Dept

9-BIRTHPLACE (city or town) (State or Country), Ohio

PARENTS.

10-NAME OF FATHER William J Stone

11-BIRTHPLACE OF FATHER (city or town) (State or Country) New York

12-MAIDEN NAME OF MOTHER Emma L Denmead

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ohio

14-(Informant) Louise E Stone

(Address) 4708 Harford Rd

15-Filed FEB 18 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 16/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 19 23 to Feb 16 19 25

that I last saw h[illegible] alive on Feb 16 19 25

and that death occurred, on the date stated above, at 3.50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

& Cardiac Decompensation (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

2/16/25 (Signed) Chas Smith M. D.

, 19 (Address) 4708 Harford Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	July 17 1925
20-UNDERTAKER.	ADDRESS
Wilson Bros & Co	Baltimore

95389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

D 95389

Registered No. 2513

1-PLACE OF DEATH

City of BALTIMORE: (No. 501 W Lombard St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Herr

(Residence in Baltimore: No. 1005 S Paca St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. February 7 1869
(Month) (Day) (Year)

7-AGE. 56 yrs. mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Electrician City Lighting
(b) General nature of industry, business, or establishment in which employed (or employer). Dept 079

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Jacob Herr

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. not known

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Herr (Wife)

(Address) 1005 S Paca St

15-

Filed FEB 10 1925 19

ROBERT R. KRAUTER, Chief Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or Inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

9 years

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) H R Gonce C (Coroner) M. D.

2-17 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Acc	2-19-25

20-UNDERTAKER.	ADDRESS
James Dignan & Son.	1000 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

95390

HEALTH DEPARTMENT—CITY OF BALTIMORE

28D 95390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore general Hospital REGISTERED NO. 16

CITY OF BALTIMORE: (No. Rayner Ave & Dulaney St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Michael Rowley

(a) RESIDENCE No. 1025 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Rowley.

6 DATE OF BIRTH (month, day, and year) Oct 31-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Retail

(c) Name of employer Fulton St

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Patrick Rowley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Hare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs H. Cukins (Address) 1025 Fulton Ave.

15 Filed FEB 18 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/3/ , 1925 , to 2/17/ , 1925 ; that I last saw h im alive on 2/17/25 , 1925 , and that death occurred, on the date stated above, at 1.50 m.

The CAUSE OF DEATH* was as follows:

Cerebro - spinal Syphilis

1.5 (duration) 15 yrs. — mos — ds.

CONTRIBUTORY (Secondary) cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Hawk

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) Clement R. Momaer, M. D.

, 19 (Address) West Baltimore General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb 20 1925
20 UNDERTAKER Uhlemeyer	ADDRESS 1720 W Fay ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95391

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

D 95391

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dolliver

(a) Residence No. 5310 York Road St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 17, 1925

7-AGE. .....yrs. .....mos. .....ds.

If LESS than 1 day, 6 hrs. & 30 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore Md (State or Country),

PARENTS.

10-NAME OF FATHER Allen K Dolliver

11-BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or Country),

12-MAIDEN NAME OF MOTHER Sadie B. Sinnott

13-BIRTHPLACE OF MOTHER (city or town) Balto Md (State or Country),

14- (Informant) Allen K Dolliver

(Address) 5310 York Road

15- Special Permit Clerk

FEB 18 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 17/1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1925 to Feb. 17 1925

that I last saw h.er alive on Feb. 17 19 25,

and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. B. Sybert M. D

2/17 1925 (Address) St. Jos. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 18, 1925
20-UNDERTAKER, Edwin W. Conklin	ADDRESS 1242 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

95392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 95392

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 717 Euson ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Jones

(a) RESIDENCE NO. 717 Euson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/18/1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	62	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Denby Cromwell

11 BIRTHPLACE OF FATHER (city or town) Harford Co.
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Warren

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.
(State or country)

14 Informant Hattie Cromwell
(Address) 717 Euson St.

15 Filed FEB 18 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to Feb 16, 1925, that I last saw her alive on Feb 15, 1925, and that death occurred, on the date stated above, at 12 00 P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis
unknown
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia and Hypertension
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Cooley M. D.

2/26/25, 19 (Address) Key & Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL Feb. 18 1925

20 UNDERTAKER Mrs J. G. Locke

ADDRESS 1302 Jefferson

Spec. - 1-10-21 - M&T 1500 Blks.

D 95393

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

100 D 95393

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 N Amity ST., 18-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jackson

(a) RESIDENCE NO. 106 N Amity ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 1, 1924

7 AGE — Years: 1 — Months: 1 — Days: 16 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nil

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Willie Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Westmoreland Co Va

12 MAIDEN NAME OF MOTHER: Mary Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Westmoreland Co Va

14 Informant: Willie Jackson
(Address): 106 N Amity St

15 FEB 18 1925 ROBERT R. KRAMER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 14, 1925, to Feby 17, 1925, that I last saw him alive on Feby 16, 1925, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Neville M. D.

2/17, 1925 (Address) 119 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn ct — DATE OF BURIAL: Feb 19 1925

20 UNDERTAKER: S. E. Brown & Son — ADDRESS: 1050 W. Monty

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95394 D 95394

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md., 76-1 WARD)

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Parker

(a) RESIDENCE NO. Unknown ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View Hospital (Address) Baltimore, Md.

15 FEB 18 1925 (1188) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 18th, 1923, to Feb. 15, 1925, that I last saw him alive on Feb. 14, 1925 and that death occurred, on the date stated above, at 8.35 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (Terminal)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Paresis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. Goodwin M. D.

2/16/1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health,

FEB 18 19

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95395

CERTIFICATE OF DEATH.

100-B 95395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 E West Street, ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Louise Gary

(a) RESIDENCE No. 8 E West St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - -----

6 DATE OF BIRTH (month, day, and year) Feb25.1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER William B. Gary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Serah Bucheit

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) William B Gary

15 Filed FEB 18 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1925 to Feb 17, 1925, that I last saw her alive on Feb 17, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Aedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw V. Coolahan M. D.

19 (Address) Edward V. Coolahan, 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bell's Cemetery DATE OF BURIAL 2/19-1925

20 UNDERTAKER Lane Eagley ADDRESS 916 Ea

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95396

CERTIFICATE OF DEATH.

90 95396

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3743 Resterstown Rd ST., 15-3 WARD)

2-FULL NAME Barish Fish

(a) RESIDENCE No. 3743 Resterstown Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cheindel Fish

DATE OF BIRTH (month, day, and year) March 15 - 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Investments
(c) Name of employer Self

BIRTHPLACE (city or town) .....
(State or country) Russia

10 NAME OF FATHER Louis Fish

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Russia

12 MAIDEN NAME OF MOTHER Lenkowsky

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Russia

Informant Jack Levin
(Address) 1709 E Balto St

FEB 10 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis
Aneurism of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Corner ..... M. D.
(Coroner)

Feb 11, 1925 (Address) 2672 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrs - Russdale

DATE OF BURIAL 2-13 1925

20 UNDERTAKER Jack Levin

ADDRESS 1709 E Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95397 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95397

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH Charles & 34th sts. Registered No.

City of BALTIMORE: (No. Greenway Apartment St. 17 - 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William F. Gardner

(a) Residence No. Greenway Apartment St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Theodora Gardner

6-DATE OF BIRTH (month, day and year) Jan 13, 1861

7-AGE. 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Manager of 086

(b) General nature of industry, business, or establishment in which employed (or employer). Orland Drilling Co

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Nicholas Gardner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Emma Wilhelm

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Theodora Gardner

(Address) Greenway Apart

15- Filed , 192 Robert F. Harrison Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 18-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 25, 1925, to Feb 18, 1925, that I last saw h alive on Feb 16, 1925, and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. G. Jones M. D

2/18, 1925 (Address) 720 N Monta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL. Feb 20, 1925

20-UNDERTAKER. George J Smith — ADDRESS 1542 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

95398 HEALTH DEPARTMENT—CITY OF BALTIMORE 95398

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5242 St Charles ave St. 27-8 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph W Offley

(a) Residence No. 5242 St Charles ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Offley

6-DATE OF BIRTH (month, day and year) June 7, 1854

7-AGE, 71 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman of

(b) General nature of industry, business, or establishment in which employed (or employer) Grain Elevator

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph W Offley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Delaware

12-MAIDEN NAME OF MOTHER, Sarah Perkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Richard L Offley

(Address) 400 W Maynard Ave

15- Filed ✓ 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 16 1925

I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 25 to Feb 16, 19 25 that I last saw h.. alive on Feb. 15th 19 25 and that death occurred, on the date stated above, at 8 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis?

2/17 (Signed) W E Done M D

, 19 25 (Address) 720 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb 19, 1925
20-UNDERTAKER, George J Smith	ADDRESS 1532 Hollins st

Spec.—1-10-21—M&T—1500 Bks.

D 95399

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95399

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Longwood ST. 15-6 WARD)

2-FULL NAME Annie Elizabeth Steffe

(a) RESIDENCE NO. 2023 Longwood ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 9 ds. How long in U. S., if of foreign birth? 68 yrs. 4 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Thomas Steffe

6 DATE OF BIRTH (month, day, and year) Oct-8-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	68	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER John W. Stiffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Shore Maryland

12 MAIDEN NAME OF MOTHER Sallie Emmert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastern Shore Maryland

14 Informant: Mr. John W. Steffe (son)

(Address) 2023 Edgewood St.

15 Feb 1 1925. Robert F. [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1925.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1921 to Feb 16 1925; that I last saw h[illegible] alive on Feb 16 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis.

duration 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Generalized arteriosclerosis

Mitral Regurgitation duration yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Wm Mitchell M. D.

Feb 1 1925 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Feby 19 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95400

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95400

CERTIFICATE OF DEATH.

14-2 90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1506 John St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Charles McLean Morfit

(a) Residence No. 1506 John St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Fiske

6-DATE OF BIRTH (month, day and year) Sept. 26, 1838

7-AGE,	If LESS than 1 day.
86 yrs. 4 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Medical Doctor

(b) General nature of industry, business, or establishment in which employed (or employer)..... 54

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Washington
(State or Country), D. C.

PARENTS.

10-NAME OF FATHER, Henry Mason Morfit

11-BIRTHPLACE OF FATHER (city or town)..... Norfolk
(State or Country), Va.

12-MAIDEN NAME OF MOTHER, Catherine Campbell

13-BIRTHPLACE OF MOTHER (city or town)..... Phila.
(State or Country), Pa.

14- (Informant) C. Campbell Morfit

(Address) Welch, W. Va.

15- Filed 1925, 19?

Robert P. Harrison,
Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/17/1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1925 to Feb. 17th, 1925.

that I last saw him alive on Feb. 16th, 1925

and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Foot amputation for senile gangrene about 10 mos ago)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Suppression of Urine

(Duration) days? 1 mos. 1 wk.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. F. Lockwood M. D.

19, (Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Washington, D. C.	2/19, 1925

20-UNDERTAKER.	ADDRESS
Henry W. Myers	805 F. Calvert

Via Penn. R. R. C. Campbell Morfit Escort

Spec.—1-10-21—M&T—1500 Bks.

D 95401

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95401

CERTIFICATE OF DEATH.

15-13 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Walker

(a) RESIDENCE NO. 1635 Vincent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Walker

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 27

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Davey Harvey

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sallie Wilkinson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed FEB 18 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-27, 1925, to 2-16, 1925.

that I last saw h[illegible] alive on 2-16, 1925

and that death occurred, on the date stated above, at 4.35 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Myocarditis (Hospital)
Bronchial Pneumonia

(duration) yrs. 3 mos. (Hospital) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Claude G. Hoover, M. D.

2/16 19 25 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additioaal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon DATE OF BURIAL: Feb 19th 1925

20 UNDERTAKER: James E. Smith ADDRESS: 1364 Kan[illegible]

D 95402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-09

D 95402

1-PLACE OF DEATH

City of BALTIMORE: (No. 2407 Barclay St. St., 12-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Rebecca Craig

(a) Residence No. 2407 Barclay St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel J. Craig

6-DATE OF BIRTH (month, day and year) March 5th 1853

7-AGE, 71 yrs. 3 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER Wm E. Hooper

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Jane A. Richardson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

11- (Informant) Mrs B. E. Lynch

(Address) 234 E 24th St

15- Filed FEB 18 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 16-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 11th 1925 to Feb 16th 1925

that I last saw him alive on Feb 16th 1925

and that death occurred, on the date stated above, at 10.30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Labor Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Epen

(Signed) Geo Herbert Hoffman M. D.

2/17/1925 (Address) 401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL. Feb 20. 1925

20-UNDERTAKER, Martin Fahey Sr. — ADDRESS 1827 N North Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95403 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95403

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 569 Laurens ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie A. Fautsy

(a) RESIDENCE No. 569 Laurens ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. J. Fautsy

6 DATE OF BIRTH (month, day, and year) Apr 13. 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

PARENTS

10 NAME OF FATHER Robt. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) J. J. Fautsy 569 Laurens St

15 Filed FEB 8 1925, 19 Robert P. Harrison, Registrar

Burial Permit Cleared

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1924, to Febry 16, 1925, that I last saw h alive on Febry 16, 1925, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Acute Anaemia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Pseudoleukemia

Nephritis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) James Brown, M. D.

2/17, 1925 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Feb 9 1925
20 UNDERTAKER	ADDRESS
Martin Kirby & Sons	1827 N North

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95404 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 46

City of BALTIMORE: (No. 2627 Eastern Avenue St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Apolonia . Lipinski

(a) Residence No. 2627 Eastern Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 9 1868

7-AGE. 57 yrs. mos. 7 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Geo. Zajac

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

11- (Informant) Mrs. Krager Daughter
(Address) 2627 Eastern Avenue

15- Filed 1925 192 Robert F. Harrison, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 16/25

17- I HEREBY CERTIFY, That I attended deceased from August 1924 to Feb 16th 1925 that I last saw h[illegible] alive on Feb 16 1925 and that death occurred, on the date stated above, at 10 40 p m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction +
Terminal Convuls - Pneumonia -
(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Ovary -
(Duration) ? yrs. ? mos. ? ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of August 1924

Was there an autopsy? —

What test confirmed diagnosis? Yes

(Signed) Dwight I Braun M. D.
, 19 (Address) 162 E. Chase St —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cem.	Feb 20, 1925
20-UNDERTAKER.	ADDRESS
John A Weber	1803 Bank St

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr Little 2426 Md. Ave

95405

HEALTH DEPARTMENT—CITY OF BALTIMORE

95405

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1601 Glenoldin Ave St., 15-9 Ward) 24-9

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H Arnold

(a) Residence No. 1601 Glenoldin Ave St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, W.

5-If Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE Clarina Arnold

6-DATE OF BIRTH (month, day and year) Mar 6, 1848

7-AGE, 76 yrs. 11 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk 69

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Columbia Company

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER Jesse J Arnold

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Harden

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Jesse J Arnold

(Address) 302 E Prospect Ave

15-

FEB 18 1925 192.....

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 18. 1925

17- I HEREBY CERTIFY, That I attended deceased from ..... 19 1924 to Feb 18 19 25

that I last saw him alive on February 18 19 25

and that death occurred, on the date stated above, at 12.30A. m.

The CAUSE OF DEATH* was as follows:

Cerebro vascular hypertension

(Duration) 5 yrs. mos. ds

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. 1 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank Morelle, M. D.

2418, 19 21 (Address) 1738 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Feb 20 1925
20-UNDERTAKER.	ADDRESS
Wm Cook	502 E Lexington Ave

Dr Kujicka, 500 N. Pat. Ph. Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95406

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1720 E. Chase St., 8-4 90 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Edward Marshall

(a) Residence No. 1720 E Chase St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 30, 1902

7-AGE. 22 yrs. 3 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Phillips Bros

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER Robert Marshall

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Minnie Stokes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Altoona Penna

14-

(Informant) Minnie Marshall

(Address) 1720 E. Chase St

15-

Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to Feb 16 1925

that I last saw him alive on Feb 16 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

following Acute Endocarditis

Acute Rheumatic Fever (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Findings

(Signed) F. H. Kujicka M. D.

(Address) 800 N. Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Feb 19 1925

20-UNDERTAKER Wm Cook — ADDRESS 502 E Fort Ave

S.S.A.F.

COPY

Spec.—1-12-23—M&T—500 Bks.

95407

HEALTH DEPARTMENT—CITY OF BALTIMORE

95407

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST., 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Reba Harding

(a) RESIDENCE NO. Ellicott City Md ST., WARD Ellicott City Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Harold Harding, Jr.

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Duties

(c) Name of employer

9 BIRTHPLACE (city or town) Ellicott City Md.
(State or country)

10 NAME OF FATHER Mr. Kibrick

PARENTS

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Priscilla Gosnell

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Harold Harding, Jr.
(Address) Old Frederick Rd. Ellicott City

15 8 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1925, to Feb. 18th, 1925, that I last saw her alive on Feb. 18th, 1925, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicaemia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home Ellicott City Md

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Bacteriological Culture

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn St. Johns Cem

DATE OF BURIAL Feb. 20 1925

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Blks.

D 95408

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95408

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kensington ave. new Russelltown Road as number 1 ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth A. Kennedy

(a) RESIDENCE NO. Kensington ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) NOV. 26-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or..... min.
	1	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER B. J. Kennedy

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Myrtle E Horn

13 BIRTHPLACE OF MOTHER (city or town) Oklahoma
(State or country)

14 Informant Mrs M. E. Kennedy
(Address) Kensington ave

Feb 8 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18/25 19

17

I HEREBY CERTIFY, That I attended deceased from Feb. 15/25 .19 . to Feb 18 .19 25.

that I last saw h— alive on Feb. 17 .19 25.

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary) Ileo Colitis & convulsions

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter Nesbitt M. D.

Feb 18/25 19 (Address) 2220 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riverton Md

DATE OF BURIAL 2/20/25 19

20 UNDERTAKER Chas. G. Black 742 W.

ADDRESS North ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

95409

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95409

74-001

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Allamont ST.; 16 - 1 WARD)

2-FULL NAME Catherine A. Connelly,

(a) RESIDENCE. NO. 1613 Allamont ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Connelly

6 DATE OF BIRTH (month, day, and year) May 10th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Brosnan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant (Address) Mrs. Catherine Connelly 1613 Allamont St.

Filed ..... 19.. Robert P. Harrison, Registrar

8 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1925, to Oct. 16, 1925, that I last saw h[illegible] alive on Oct. 16, 1925, and that death occurred, on the date stated above, at 12 45A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? yes

What test confirmed diagnosis? —

(Signed) John D. Quinn, M. D.

19 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	19 26
20 UNDERTAKER H. C. Branning Son	ADDRESS 617 W Schroeder st

Cor.—1-12-23—M&T—100 Bks.

D 95410

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95410

CERTIFICATE OF DEATH.

T 65

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Brunner

Morristown Tenn

(a) RESIDENCE NO. ..... ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown Tenn About 70 yrs

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Church Home & Infirmary

Filed 2-18 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Lymphatic Leukemia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Erysiplas (duration) ..... yrs. ..... mos. 1 ds.

(Signed) J S H Callen, M. D. (Coroner.)

2-18-25, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morristown Tenn

DATE OF BURIAL Feb 19 1925

20 UNDERTAKER H. E. Stephens

ADDRESS 426 W Broadway

Cor.—1-12-23—M&T—100 Bks.

D 95411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25-7 90 D 95411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hill Crest Ave & 6th. St. Brooklyn. WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Himmel.

(a) RESIDENCE No. Hill Crest Ave & 6th. St. Brooklyn. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a If married, XXXXXXXXXX
(or) WIFE of Michael Himmel.

6 DATE OF BIRTH (month, day, and year) September 22, 1852.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	72	4	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John Hines.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Do not know.

14 Informant Michael Himmel.(husband)
(Address) Hill Crest Ave.& 6th.St.Brooklyn.

15 Filed ..... 192 ..... ROBERT B. KRAUTER
Registrar
Vital Records Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner), M. D.

Feb, 18, 1925 (Address 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Feb 19 1925
20 UNDERTAKER H. Sander Sons	ADDRESS 1710 Pleasant St

Spec.—1-10-21—M&T—1500 Blks.

17835 95412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 D 95412

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 27 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kennedy

(a) RESIDENCE NO. 11 W. Belair Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of John F. Kennedy

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	57	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jas. D. Swayne

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Rachel Preston

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 19 1925, 19 ROBERT P. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17-1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 - 1925 to Feb. 17 1925.

that I last saw her alive on Feb. 17 - 1925

and that death occurred, on the date stated above, at 9 4½ a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Feb 13-'25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical observation

(Signed) Thos Harrold, M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Zion Cemetery Balto Co.	Feb. 20, 1925
20 UNDERTAKER H. Sander Sons	ADDRESS 1710 Eutaw St

Spec—12-23-21—E.B.R.S.—400 Bks.

95413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 95413

1-PLACE OF DEATH Hamilla

City of BALTIMORE: (No. 120 Alsa Ave. St., 27-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Wickman

(a) Residence No. 120 Alsa Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Wickman

6-DATE OF BIRTH (month, day and year) Aug 15. 1862

7-AGE.	If LESS than 1 day.
62 yrs. 6 mos. 2 ds.	hrs. or. min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Canton Company

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS

10-NAME OF FATHER, August Wickman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown Baltimore

14-

(Informant) Harrison M. Diver

(Address) 120 Alsa Ave.

15-

FEB 19 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 17. 1925

17- I HEREBY CERTIFY, That I attended deceased from 1922, 19 to 2/17 19 25

that I last saw h in alive on Feb 17 19 25

and that death occurred, on the date stated above, at 12.15 P. M.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(Duration) 3 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart Findings

(Signed) D. T. Smith M. D

, 19 (Address) 301 S Ellwood Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	Feb. 20 1925
20-UNDERTAKER.	**ADDRESS**
H. Sander Sons	1710 Fleet St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95414 — 3/ D 95414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 48 E. Hill Street St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Archie W. Strovel

(a) Residence No. 48 E. Hill Street St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 1, 1894

7-AGE,	If LESS than 1 day.
30 yrs. 5 mos. 16 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Strovel

11-BIRTHPLACE OF FATHER (city or town) Ellicott City
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Miller

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Maryland

14- (Informant) Mollie M. Gaskin
(Address) 45 E. Hill Street

FEB 19 1925

Filed ALBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 2, 1923, to Feb 17, 1925
that I last saw h.. alive on Feb 14, 1925
and that death occurred, on the date stated above, at 3.45 P.m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Laboratory

(Signed) Caldwell Woodruff M. D.
2-18, 1925 (Address) South Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem.	Feb 19 '25
20-UNDERTAKER. Joseph B. Cook	ADDRESS 1003 N. Balto St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95415

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001

1 D 95415

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 537 W. Lee St., 22 - 1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leon Bailey -

(a) Residence No. 537 W. Lee St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept - 23 - 1924

7-AGE.	If LESS than 1 day,
— yrs. 4 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work boy

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore

(State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Ernest Simpkins

11-BIRTHPLACE OF FATHER (city or town) Baltimore

(State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Carrie Bailey

13-BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or Country) Maryland

14- (Informant) Carrie Bailey

(Address) 537 W Lee St

15- FEB 19 1925 ROBERT A. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb - 17 - 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb - 17, 1925 to Feb - 17, 1925

that I last saw him alive on Feb - 17, 1925

and that death occurred, on the date stated above, at 2 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? W Date of

Was there an autopsy? W

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/17, 1925 (Address) 1202 Lee

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feb 18, 1925
UNDERTAKER	ADDRESS
Thos. Gerth Hopkins	56 Conway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95416

CERTIFICATE OF DEATH.

128 D 95416

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Oakmont Ave. ST., 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna M. Miller.

(a) RESIDENCE NO. 207 Oakmont Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank W. Miller.

6 DATE OF BIRTH (month, day, and year) March 15, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36,	11,	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER David E. Marriott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Green.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Frank W. Miller (Husband)

(Address) 207 Oakmont Ave.

15 Filed FEB 19 1925, 19 ... CECIL R. KRAUTH, Registrar

Capital Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 18. 1925.

17 I HEREBY CERTIFY, That I attended deceased from 2.4.25, 19..., to 2.18.25, 19...

that I last saw her alive on 2.18.25, 19...

and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis.

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary) (Chron.)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical-Microscopic Chemical.

(Signed) Philip B. Tomlin M. D.

2. 19. 25 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. Cemetery DATE OF BURIAL Feb 20, 1925

20 UNDERTAKER A. Howard Evans ADDRESS 38 E Fort Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95417

HEALTH DEPARTMENT—CITY OF BALTIMORE

95417

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Preston ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Perkins

(a) RESIDENCE. NO. 530 N Preston ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Perkins

6 DATE OF BIRTH (month, day, and year) April 10th 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry

(b) General nature of industry, business, or establishment in which employed (or employer) Washing & Ironing

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Charleston W. Va.

PARENTS

10 NAME OF FATHER Jessie Royer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Minnie Perkins Daughter
(Address) 530 Preston

15 [illegible] 19

FEB 13 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 — 1925, to Feb. 17th 1925, that I last saw h[illegible] alive on Feb-16- 1925, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Weak Heart (duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) Not Known yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bain, M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Feb. 19 1925

20 UNDERTAKER ADDRESS

J. McK. Elliott 725 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95418 — 3 | D 95418

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Barnes

(a) RESIDENCE No. 635 N. Bond st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Effort

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address) M. T. H.

15 Filed ..... 19 ..... Ruth R. KRAUTER, Registrar

FEB 19 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1925, to Feb. 18, 1925,

that I last saw her alive on Feb. 18, 1925

and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) L. C. Whaley M. D.

2-18-25 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb 21 1925
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	25 Catalan a.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95419

CERTIFICATE OF DEATH.

100-001

D 95419

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Bloomingdale Road ST., 16-1 WARD)

2-FULL NAME Sarah A. Meyers

(a) RESIDENCE No. 1226 Bloomingdale Road ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Meyers

6 DATE OF BIRTH (month, day, and year) Nov. 6. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Abraham Hoffecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Emmie M. Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs H L Crew

(Address) 1226 Bloomingdale Rd

15 Filed ..... 19 .....

ROBERT R. CARRUTH, Registrar

FEB 19 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1925, to Feb 18, 1925, that I last saw her alive on Feby. 17, 1925, and that death occurred, on the date stated above, at 1.35 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J H G Jones, M. D.

2/18, 1925 (Address) 720 N. Smith ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Feby. 20 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette St.

Spec—12-23-21—E.P.R.S.—400 Bks.

D 95420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 95420

1-PLACE OF DEATH

City of BALTIMORE: (No. 2227 E Chase St., 8-4 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Kohl

(a) Residence No. 2227 E Chase St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? 59 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND ~~OR WIFE~~ of Annigunda Kohl

6-DATE OF BIRTH (month, day and year) March 18 1838

7-AGE. 86 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired 815

(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpenter

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country). Germany

PARENTS

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (city or town) Not Known (State or Country).

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) Not Known (State or Country).

14- (Informant) Mrs. Annigunda Kohl

(Address) 2227 E Chase St

15- Filed..... 192.... ROBERT B. KRAUTER, Registrar.

FEB 19 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 17 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1925 to Feb 17 1925 that I last saw h.... alive on Feb 17 1925 and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chronic Diffuse Nephritis (Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. E. Hedrick M. D.

1925 (Address) 1301 N Patterson Pk

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery — DATE OF BURIAL. Feb 20 1925

20-UNDERTAKER. Henry Horck Son — ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95421

CERTIFICATE OF DEATH.

8-23 D 95421

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1619 E. Lafayette ave ST., 8-2 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George D. Dryden

(a) RESIDENCE NO. 1619 E Lafayette ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	married

5a If married, widowed, or divorced, (or) ~~WIFE~~ of HUSBAND of Martha A. Dryden

6 DATE OF BIRTH (month, day, and year) July 16. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	57	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Letter Carrier 06
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer U.S. Government Baltimore

9 BIRTHPLACE (city or town) (State or country) maryland

PARENTS

10 NAME OF FATHER James Dryden
11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) maryland
12 MAIDEN NAME OF MOTHER Mary E. Alexander
13 BIRTHPLACE OF MOTHER (city or town) Penna (State or country)

14 Informant Robert L Dryden
(Address) 3929 Ridgewood ave

15 FEB 19 1925 ROBERT B. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1925 to Feb 17 1925.
that I last saw him alive on Feb 16 1925.
and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) about 4 yrs. 4 mos ~~ds.~~ 1 da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical & Lab-

(Signed) James M Hanson M. D.
2/18 1925 (Address) 700 E Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery
DATE OF BURIAL Feby 19 1925

20 UNDERTAKER Jno B Spence 1826 N Caroline st
ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

95422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95422

1-PLACE OF DEATH

City of BALTIMORE: (No. 1288 S 5th St., No 6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Garlin

(a) Residence No. 1288 S. 5th St., 26 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Garlin

6-DATE OF BIRTH (month, day and year) Jan. 30 1872

7-AGE, 53 yrs. 0 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John B. Rudolph

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Rosa Helmbold

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Hilda Rollins

(Address) 618 S Belnord Ave

15-

Filed 19

ROBERT R. KRAUTER, Registrar.

FEB 19 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 17 1925

17-I HEREBY CERTIFY, That I attended deceased from March 15 1923 to Feb 17 1925

that I last saw h alive on Feb 16 1925

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) John D Fell M. D.

2/17, 1925 (Address) 936 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
St. Pauls Cem.	Feb. 19th 1925
20-UNDERTAKER,	ADDRESS
Tilly & Fuhr	803 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

95423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12/D 95423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George I Robinson

(a) RESIDENCE NO. 515 S Carolina St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5 1831

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
94				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gd

(b) General nature of industry, business, or establishment in which employed (or employer) Saw Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) Canada.
(State or country)

PARENTS

10 NAME OF FATHER Charles Robinson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Canada.

12 MAIDEN NAME OF MOTHER Isabella Smith

13 BIRTHPLACE OF MOTHER (city or town) Canada.
(State or country)

14 Informant Husband
(Address)

15 Filed FEB 19 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/25

17

I HEREBY CERTIFY, That I attended deceased from 2/15/25, 19 ..., to 2/18/25, 19 ..., that I last saw h alive on 2/18/25, 19 ..., and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K W Holley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Mt Moriah Cemetery Pa.

DATE OF BURIAL Feb-21 1925

20 UNDERTAKER Geo. F. Roth

ADDRESS 1335 Harford ave.

TION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95424

CERTIFICATE OF DEATH.

100-001 B 95424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 76-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Norris

(a) RESIDENCE NO. Bay View Asylum ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of A. Wilson Norris

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Evan Roberts

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Wales

12 MAIDEN NAME OF MOTHER Margaret Williams

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Wales

14 Informant Municipal Hospital Records (Address)

15 Filed ....., 19 ..... ROBERT R. KRAUTER, ~~Burial Permit Clerk~~ Registrar

FEB 19 1925

THIS is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-12, 1925, to 2-18, 1925, that I last saw her alive on 2-18, 1925, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Senile Detenoration

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) Claude G. Grace, M. D.

2-19, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Philadelphia — DATE OF BURIAL 2/20 1925

20 UNDERTAKER Wm. Cook & Son — ADDRESS 1102 E. Lanvale

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95425

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1106 S. Lakewood ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick L. Woolschlegen

(a) Residence No. 1106 S. Lakewood ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Lottie Woolschlegen

6-DATE OF BIRTH (month, day and year) Aug 26-1860

7-AGE. 64 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer ret'd

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), A. A. Co., Md.

PARENTS.

10-NAME OF FATHER, Frederick Woolschlegen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Switzland

12-MAIDEN NAME OF MOTHER, Cadenia Meiser

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-(Informant) Lottie Woolschlegen

(Address) 1106 S. Lakewood Av

15-Filed FEB 19 1925 192 ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 17-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1924 to Feb. 17 1925

that I last saw h[illegible] alive on Feb 16. 1925

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Cardio - Renal Disease

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Louis A. McBrams M. D.

, 19 (Address) 2800 Eutaw Pl.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt. Carmel	Feb 21 1925
20-UNDERTAKER. Zirkler & Zirkler	ADDRESS 1739 Eager

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

D 95426

95426

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

2-FULL NAME Baby Boy Lowman

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. ..... ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1925

7 AGE — Years — Months — Days — If LESS than 1 day, ..M hrs. or ..min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... NB

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Rollie Wilbey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Eliz. Lowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. Maryland

14 Informant Elizabeth Lowman

(Address) 400 Severn Ave., Annapolis, Md.

15 Filed FEB 19 1925 ROBERT R. KRAUTER, Registrar

(Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1925, to Feb. 15, 1925, that I last saw him alive on Feb. 15, 1925 and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Alexander Novey, M. D.

19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

Commissioner of Health.

FEB 19 1925

Per. Wm. E. Webster

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95427 **CERTIFICATE OF DEATH.** 100-001 D 95427

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 708 Mendes Ct ST.; 10-Y WARD) REGISTERED No. C

2-FULL NAME Harry Taylor

(Residence in Baltimore: No. 708 Mendes Ct St Bure & Hosp

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 11, 1925
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Sam Cooper

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elmira Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST ~~OF~~ OF MY KNOWLEDGE.

(Informant) Elmira Taylor

(Address) ....

15- Filed FEB 19 1925 Burial Permit Issued ROBERT P. KRAUTER, Registrar.

0191

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~January~~ Feb 17, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mal nutrition

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pert Bronchio-pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Cotter M. D.
(Coroner.)

2-18-25 1925 (Address) 508 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19...

20-UNDERTAKER Per. Wm. R. WOODALL

ADDRESS

Commissioner of Health. FEB 18 1925

Important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95428

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (Westport)

CITY OF BALTIMORE: (No. Cherry Hill ST. 25-4 WARD) REGISTERED NO. 161 001 D 95428

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Harry & Mamie Thurman

(a) RESIDENCE. NO. Cherry Hill ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 18/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	no	no	no	4 hrs. 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Harry Thurman

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mamie Scholl

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mamie Thurman
(Address) Cherry Hill Westport

FEB 19 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 18, 1925, that I last saw her alive on Feb 18, 1925, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) no yrs. no mos. no ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Raymond Johnson, M. D.

1925 (Address) Parkland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER

ADDRESS

Commissioner of Health.

FEB 19 1925

Per Wm. F. RUSSELL

Spec.—1-10-21—M&T—1500 Bks.

D 18448
D 95429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95429

REGISTERED NO. 57

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 15-13 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Flemming

(a) RESIDENCE No. 1631 N. Carey ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of June John Flemming

6 DATE OF BIRTH (month, day, and year) June 26-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Bricker

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susanna Murtin

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Penna.

14 Informant Records (Address) Johns Hopkins Hospital

15 Filed FEB 19 1925 ROBERT F. KRAUTER, Registrar Initial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925, to Feb 18, 1925, that I last saw h— alive on Feb 18, 1925 and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia Abase, acute parotitis left, inter cranial hemorrhage

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chr. nephritis, hypertension, ? diabetes mellitus duration 2-4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X rays & clin. findings

(Signed) H Ballantine, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Feb 21 1925

20 UNDERTAKER Josiah Syper ADDRESS 1600 W North ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95430 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95430

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Clifton ave ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Dorer

(a) RESIDENCE NO. 1604 Clifton ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	widow

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Wm Frederick Dorer

6 DATE OF BIRTH (month, day, and year) Mar 17. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Edw. Dorer
(Address) 1604 Clifton ave

15 FEB 19 1925 ROBERT R. BRANTLY Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Febry 10, 1925. to Feb 19, 1925.

that I last saw h~~e~~ alive on Febry 18, 1925.

and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Paul E Brown, M. D.

2/19. 1925 (Address) 1837 Penna ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sherwood Cemetery	Feb 23 1925
20 UNDERTAKER	ADDRESS
Josiah Syfer	1606 Nall ave

TION IS very important. See instructions

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95431

CERTIFICATE OF DEATH.

100-001

D 95431

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Harman

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan - 1859

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm H. Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Eliza Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Municipal Hospital Records (Address)

15 Filed FEB 19 1925 19 ....

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-14 1925 to 2-17 1925

that I last saw him alive on 2-17 1925

and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. X ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sat.

(Signed) Claude G. Evans, M. D.

2-17 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Com

DATE OF BURIAL 2/19 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2006 Edmondson

TION is very important. See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95432

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95432

CERTIFICATE OF DEATH.

+ 129

15-4

1-PLACE OF DEATH Church Home and Infirmary

Registered No.....

City of BALTIMORE: (No. Broadway & Fairmount St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Carlos Jane Bennett

(a) Residence No. 3812 Woodland Ave St., Ward. New York
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ John Henry Bennett

6-DATE OF BIRTH (month, day and year) ~~Unknown~~

7-AGE. About 73 yrs. ~~mos.~~ ~~ds.~~ If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). New York

PARENTS.

10-NAME OF FATHER. Do not know

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Do not know

12-MAIDEN NAME OF MOTHER. Do not know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Do not know

14- (Informant) H. W. Cameron
(Address) 3812 Woodland Ave.

15- Filed 19 192 Robert P. Harrison, Burial Permit Clerk Registrar.

19 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 18 1925

17- I HEREBY CERTIFY, That I attended deceased from February 16 19 25 to February 18 19 25

that I last saw h.e.c. alive on February 18 19 25

and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Uremic Convulsions ?
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Signs

(Signed) John E. Monnett M. D

19 (Address) Church Home & Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (I) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Brooklyn, N. Y.	Feb 20 19 25
20-UNDERTAKER.	**ADDRESS**
H. W. Mears & Son	858 N. Calvert St.

Via Penn R. R. — Manfred Barber, Escort

Spec– 12-23-21–E.B.R.S.–400 Bks.

D 95433 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95433

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 913 Eastern ave St., 3-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Votta

(a) Residence No. 913 Eastern ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Votta

6-DATE OF BIRTH (month, day and year) Feb 20 1861

7-AGE. 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Louis Votta

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Mary Longoni

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Louis M. Votta

(Address) 1029 N. Sutton ave

15- Filed Robert P. Harrison, Registrar.

9 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 25 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1924 to Feb. 18, 1925.

that I last saw him alive on Feb. 18, 1925.

and that death occurred, on the date stated above, at 5/30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pearson M. D

2.18. 1925 (Address) 514 Drury Lane

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
New Cathedral	Feb. 21, 1925
20-UNDERTAKER,	**ADDRESS**
Wendell Dippel & Son	375 Penn

Spec.--6-9-19--H. P. Co.--1000 Bks.

D 95434

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95434

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1739 Wilkens Ave ST.: 19th WARD: 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret V. Maguire

(a) RESIDENCE. No. 1739 Wilkens Ave ST. 19th WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Maguire

6 DATE OF BIRTH (month, day, and year) April 8-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) County Clare-Ireland

PARENTS

10 NAME OF FATHER John Dee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ~~Margaret V. Dee~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr Andrew Maguire
(Address) 1739 Wilkens Ave.

15 Filed 19 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1925 to Feb. 17 1925 that I last saw her alive on Feb 16 1925 and that death occurred, on the date stated above, at [illegible] P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy with Effusion.

2 weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical symptoms

(Signed) [illegible] M. D.

2-17 1925 (Address) 904 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Febry 20 1925
20 UNDERTAKER	ADDRESS
Thos. F. Cowan & Son Thos. F. Cowan	901 Eutaw St.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95435

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95435

CERTIFICATE OF DEATH.

+ 101-0010

12-1

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 33rd Calvert St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis P. Best

(a) Residence No. Warsaw N. Carolina St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? 61 yrs. 6 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Hallie Wadsworth Best

6-DATE OF BIRTH (month, day and year) July 30, 1864

7-AGE. 61 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer .....

9-BIRTHPLACE (city or town) North Carolina (State or Country),

PARENTS.

10-NAME OF FATHER, Mr. J. W. Best

11-BIRTHPLACE OF FATHER (city or town) North Carolina (State or Country),

12-MAIDEN NAME OF MOTHER, Luella Stevens

13-BIRTHPLACE OF MOTHER (city or town) North Carolina (State or Country),

14 (Informant) Hospital Records

(Address) .....

15- FEB 19 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1925 to Feb. 19 1925

that I last saw him alive on Feb. 17, 1925

and that death occurred, on the date stated above, at 10:20 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac failure.

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? .....

(Signed) A. Austin Pearre M. D.

, 19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Warsaw N. C

DATE OF BURIAL, Feb. 19 1925

20-UNDERTAKER. H. J. Jenkins Sons Co.

ADDRESS One Calloway & Orchard Sts

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95436

CERTIFICATE OF DEATH.

124

D 95436

1-PLACE OF DEATH

City of BALTIMORE: (No. 1434 Light St. St., 23-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Crowley

(a) Residence No. 1434 Light St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Jones

6-DATE OF BIRTH (month, day and year) Jan 13. 1857

7-AGE, 68 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto., Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Frederick C. Crowley

11-BIRTHPLACE OF FATHER (city or town) Balto., Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Mont Know

13-BIRTHPLACE OF MOTHER (city or town) Mont Know (State or Country),

11- (Informant) Albert Crowley

(Address) 1434 Light St

15- Filed 19 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 18. 1925

17- I HEREBY CERTIFY, That I attended deceased from June 15 19 24 to Feb 18 19 25

that I last saw h[illegible] alive on Feb 17 19 25

and that death occurred, on the date stated above, at 2.45 A.m.

The CAUSE OF DEATH* was as follows:

Uraemia Contributory Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pleurisy with effusion

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of,

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2/19. 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, Feb. 21 1925

20-UNDERTAKER, Margaret G. Flynn ADDRESS 1422 Light St.

Spec.—1-10-21—M&T—15[illegible].

D 95437 3
17437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 Ward 001 D 95437

1—PLACE OF DEATH Johns Hopkins Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leona Procter.

(a) RESIDENCE NO. 719 Frederick Ave ST., Catonsville, Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 4, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Procter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Bentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records
(Address) Johns Hopkins Hospital

15 Registrar Robert P. Harrison,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18, 1925

17

I HEREBY CERTIFY, That I attended deceased from February 16, 1925, to February 18, 1925, that I last saw h[illegible] alive on February 18, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute meningitis
(Pneumococcus)
(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Septicaemia (pneumococcus)
(duration) yrs. mos. 2 ds.?

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/16/25

Was there an autopsy? Yes.

What test confirmed diagnosis? Culture of organisms, autopsy, blood smear.

(Signed) Edmund A. Kerper Jr. M. D.

2/19, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 21 1925
20 UNDERTAKER	ADDRESS
Harry W. Ehlen	W North Ave

CAUSE OF DEATH must be stated plainly. See Instructions on back of certificates.

91925

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95438

CERTIFICATE OF DEATH.

D 95438

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 613 N. Carrollton Ave. ST.: 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Cornelia Sweeny

(Residence in Baltimore: No. 613 N. Carrollton Ave St.: 84 yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow.

6-DATE OF BIRTH. December 10, 1840 (Month) (Day) (Year)

7-AGE. 84 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER. Henry E ~~Sweeny~~ Huber

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Susan Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace J. Huber

(Address) 613 N. Carrollton Ave

15- Feb 19, 1925 Robert P. Harrison, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 18, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1925, to Feb 18 1925, that I saw her alive on Feb 18 1925, and that death occurred, on the date stated above, at 11-35 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus, (Infarct)

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) 4 yrs. ? mos. ? ds.

(Signed) John L. Stansbury M. D.

Feb 19, 1925 (Address) 1037 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL ~~OR REMOVAL~~ London Park

DATE OF BURIAL, FEB 21 1925

20-UNDERTAKER Geo W Little

ADDRESS 1700 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95439

CERTIFICATE OF DEATH.

100 D 95439

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Park Heights Av ST., 15-3 WARD)

2-FULL NAME Robert Davis

(a) RESIDENCE No. 3513 Park Heights Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 17-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Isaac Levis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Sterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levis

(Address) 1432 Gilmor St

FEB 20 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1925, to Feb 19, 1925, that I last saw him alive on Feb 19, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Herman J. Dorf, M. D.

, 19 (Address) 3730 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lehrem Rosedale	2/20 1925
20 UNDERTAKER	ADDRESS
Jack Levis	1434 E Balt

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95440

CERTIFICATE OF DEATH.

147D 95440

1-PLACE OF DEATH

CITY OF BALTIMORE. Homewood Hospital 13-6 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Cohn

(a) RESIDENCE NO. 2339 Eutaw Place ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Hebrew	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Abe Cohn

6 DATE OF BIRTH (month, day, and year) June 29 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Morris H. Tumbler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Eva Goodman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mr. Morris H. Tumbler (Address)

15 Filed ..... 19.... ROBERT B. KRAUTER, Registrar

FEB 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 4th 1925, to Feb 19th 1925

that I last saw h[er] alive on Feb 19th 1925

and that death occurred, on the date stated above, at 12 00 Noon m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Mechanical Y Protracted Labor (duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of (Obstetrical) Feb 6th 1925

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon N. Condon, M. D.

2/19 1925 (Address) 750 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel

DATE OF BURIAL 2/20 1925

20 UNDERTAKER Jack Levin

ADDRESS 1439 Eutaw

TION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

D 95441

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95441

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Frances Carpenter

(a) RESIDENCE No. 1915 Hobert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Carpenter

6 DATE OF BIRTH (month, day, and year) Jan 28 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse of 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John A Burris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Charles Carpenter (Address) 1915 Hobert St.

15 Filed FEB 20 1925 ROBERT R. WEBSTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925, to Feb 19, 1925, that I last saw her alive on Feb 19, 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Neuman B Friedman M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Feb 21 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

S·A·F

DAK

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95442

CERTIFICATE OF DEATH.

90 D 95442

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Arundel Cove ST., 75-11 WARD)

2-FULL NAME John Sharp

(a) RESIDENCE NO. Arundel Cove ST., Curtis Bay WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Sharp

6 DATE OF BIRTH (month, day, and year) July 2 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) William Sharp, First at Brooklyn

15 Filed FEB 20 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1925

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from Feb 17th, 1925, to Feb 18th, 1925, that I last saw him alive on Feb. 17th, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis and Bronchial Asthma

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Aortic regurgitation of heart

(duration) 1 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Weibel M. D.

2/26, 1925 (Address) 1284 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ivy Dothy Church Cemetery aa. Co

DATE OF BURIAL Feb 20 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

Belbot

5443

HEALTH DEPARTMENT—CITY OF BALTIMORE

113

D 95443

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S. Washington ST., V-1 WARD)

2-FULL NAME Felix Belbat

(a) RESIDENCE NO. 213 S. Washington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Dec 21-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Felix Belbat

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Dorothy Streszka

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Felix Belbat
(Address) 213 S Washington St

15 Filed FEB 20 1925, 192.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Gastro-Enteritis

(duration) ..... yrs. 1/2 mos. ..... ds.

CONTRIBUTORY (Secondary) Improper feeding

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Kenton, M. D.
(Coroner.)

Feb 19, 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 2/21 1925

20 UNDERTAKER C. W. Ozazewski

ADDRESS Eastern Ave

Spec.—1-10-21 M&T 1500 Bks.

95444

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95444

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 E Pratt ST. 20 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Leibold

(a) RESIDENCE NO. 2225 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Leibold

6 DATE OF BIRTH (month, day, and year) Feb 16th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	68	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy

14 Informant Paul Leibold

(Address) 2225 E Pratt st

15 FEB 20 1925 Filed JOSEPH H. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1925, to Feb 19, 1925, that I last saw h-m alive on Feb 18, 1925, and that death occurred, on the date stated above, at 12 00 M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Left Hemiplegia)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Irwin Eckhardt M. D.

Feb 20 1925 (Address) 709 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	Feb 21st 1925
20 UNDERTAKER	ADDRESS 837
E Schloman & Son	Monroe

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95445

CERTIFICATE OF DEATH.

129 D 95445

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1931 Druid Hill Av St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles N. Jones

(a) Residence No. 1931 Druid Hill Av St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Cd

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Blanche Roy Jones

6-DATE OF BIRTH (month, day and year) Sept. 20-1871

7-AGE. 53 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Waiter 070

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Jones

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Eliza Atkinson

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Va.

14-

(Informant) Mrs. Blanche Roy Jones

(Address) 1931 Druid Hill

15-

FEB 20 1925

[illegible] KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 19/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1924 to Feb 19 1925

that I last saw h. alive on Feb 18 1925

and that death occurred, on the date stated above, at 12 55 M.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) H S McCard M. D

2/19, 1925 (Address) 2005 Druid Hill Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	2/22/25
20-UNDERTAKER.	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill

Instructions on back of certificate.

Cor.—1-12-25—M&T—100 Bks.

95446

HEALTH DEPARTMENT—CITY OF BALTIMORE

1803 1803 95446

CERTIFICATE OF DEATH.

27-13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Penner

(a) RESIDENCE No. 2 E. Biddison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Penner

6 DATE OF BIRTH (month, day, and year) May 4-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Penner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Kraus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret M. Penner
(Address) 2 E. Biddison Ave

15 Filed FEB 20 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thoracic Hemmorhage - Fractured ribs & sternum- Accidental, struck by automobile.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Waller, M. D.
(Coroner.)

2-20-25, 192 (Address) 503 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loby Redeemer — DATE OF BURIAL Feb 24 1925

20 UNDERTAKER Lilly & Zeller — ADDRESS 403 N. North Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95447

CERTIFICATE OF DEATH.

74-001

74 D 95447

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 E. Preston ST., 17-2 WARD)

2-FULL NAME Jeanette A. Hoen

(a) RESIDENCE NO. 832 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7th 82

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER Geo H. Hoen

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER Jennie Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Josephine C. Hoen 832 E. Preston St

15 Filed FEB 20 1925 ROBERT E. LAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/16, 1925, to 2/18, 1925, that I last saw h[illegible] alive on 2/18, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 Hrs. ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

Cerebrosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Wolff, M. D.

2/19, 1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 21 1925
20 UNDERTAKER	ADDRESS
H. C. Wedefeld	914 Fremont Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 95448

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No.) Municipal Hospital St., Bay View

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Deans

(a) RESIDENCE NO. 502 Oxford Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
68	1857		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacco 140

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Singer Deans

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Bay View Hospital records

(Address)

FEB 20 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/12/25, 19..., to 2/18, 1925

that I last saw him alive on 2/18, 1925

and that death occurred, on the date stated above, at 11 00 a m

The CAUSE OF DEATH* was as follows:

Benign hypertrophy of the prostate

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/10/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) James L. Jewett M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	2/20 1925
20 UNDERTAKER	ADDRESS
Samuel Hensley & Bro	

CAUSE OF DEATH in plain terms. So that it may be classified correctly. See instructions on back of certificates.
TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95449

74-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 952 N. Howard ST., 11-2 WARD)

REGISTERED NO. D 95449

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel J. Jefferson

(a) RESIDENCE NO. 952 N. Howard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5-1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant: Carrie Jefferson
(Address) 952 N. Howard

15 Filed FEB 20 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1925, to Feb 17, 1925, that I last saw him alive on Feb 17, 1925, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis (cerebral)

(duration) yrs. mos 38 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 354 W. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: Feb 20 1925

20 UNDERTAKER: Samuel J. Newsley | ADDRESS 578 N Eutaw

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95450

CERTIFICATE OF DEATH.

15-6 100-001

D 95450 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3200 Clifton Avenue St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph M. Salabes

(a) Residence No. 3200 Clifton Ave. St., Ward

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Kellett

6-DATE OF BIRTH (month, day and year) Aug. 23, 1865

7-AGE. 59 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Loan Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Meyer Salabes

11-BIRTHPLACE OF FATHER (city or town) Hague (State or Country), Holland

12-MAIDEN NAME OF MOTHER, Marianna Snyder

13-BIRTHPLACE OF MOTHER (city or town) Hague (State or Country), Holland

14- (Informant) Sody Salabes

(Address) Esplanade Apartments

15- FEB 20 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 19/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1925 to Feb 19 1925

that I last saw him alive on Feb 19 1925

and that death occurred, on the date stated above, at 5 20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia (Bronchial)

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Riblett M. D.

Feb 19/25 (Address) 2220 Harrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, 2/22/25

20-UNDERTAKER, Henry U. Myers & Son — ADDRESS 805 N. Calvert

Reverse

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 95451

REGISTERED No. C 90 D 95451

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1218 N Spring St. 10-2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Stevenson

(Residence in Baltimore: No. 1218 N Spring St. 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	colord	widowed

6 DATE OF BIRTH ..... (Month) ..... (Day) 1875 (Year)

7 AGE 50 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work house work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) a.a.co MD

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER mary williams

13 BIRTHPLACE OF MOTHER (State or country) a.a.co.MD

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Stevenson

(Address) 1218 N. Spring st

15 FEB 20 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 (Month) 17 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1925, to Feb 17 1925, that I saw h alive on Feb 16, 1925 and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Endocarditis
Fatty Degeneration

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Uraemia

(Duration) 1 yrs. mos. ds.

(Signed) T. H. Hawkins M. D.

Feb 20, 1925 (Address) 1201 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt. auburn Cemetery | DATE OF BURIAL Feb 20 1925

20 UNDERTAKER Edward Bryan | ADDRESS 1631 orleans st

R. B.—Every CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95452

CERTIFICATE OF DEATH.

18 101-001

D 95452

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 249 W. Shroder st St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Leonard

(Residence in Baltimore: No. 249 W. Shroder St., yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. Unknown ..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
49 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Alex Roberson

11-BIRTHPLACE OF FATHER, (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Ellen Higgs

13-BIRTHPLACE OF MOTHER, (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Watkins

(Address) 247 W. Shroder st

15-

Filed ..... 19.....

FEB 20 1925

ERNEST R. KRAUTER, Special Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7-26-18 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ..... ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Grumbine M. D. (Coroner)

2-20 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery DATE OF BURIAL. 2-21 1925

20-UNDERTAKER. Eugene Waters ADDRESS 746 W. Fayette

Is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95453

CERTIFICATE OF DEATH.

D 95453

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Franklin Rd ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A Sunstrom

(a) RESIDENCE NO. 918 Franklin Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert C Sunstrom

6 DATE OF BIRTH (month, day, and year) Aug 6 54

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	70	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer Wife

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER League

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mark F Sunstrom

(Address) 918 Franklin Rd

FEB 20 1925 JOSEPH R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to Febr. 18, 1925, that I last saw h alive on February 18, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Apoplexia cerebri

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senio Zoster

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Vincent M. D.

Feb 19 1925 (Address) 525 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Feb 20
20 UNDERTAKER	ADDRESS
W M Kenton	2238 W North

CAUSE OF DEATH in plain terms. See instructions on back of certificates. TION is very important.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95454

CERTIFICATE OF DEATH.

161-001 D 95454

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins ST., 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE No. Unknown ST., Gabriel Ave & Gabriel Rd WARD South of Southern

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Abt

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1 yr	—	1.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant.....
(Address) JOHNS

15 Filed ....., 192 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Thomas M. D.
(Coroner.)

Dec 19, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 2/19 1925

20 UNDERTAKER — ADDRESS

Commissioner of Health,

Deputy Clerk.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95455

95455

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Buchanan St. W-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Thornton

(a) RESIDENCE NO. 2426 Buchanan St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 18, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ND 000

(b) General nature of industry, business, or establishment in which employed (or employer) ND

(c) Name of employer ND

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va Virginia

12 MAIDEN NAME OF MOTHER Mildred Talley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address)

FEB 20 1925

ROBERT R. KRAUTER, Registrar

15 Filed FEB 20 1925, 19

Burial Permit Clerk.

019

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 19, 1925, that I last saw him alive on Feb 19, 1925, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth and Physical condition of Mother

(duration) — yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Physical condition of Mother (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Chas. F. Hall, M. D.

, 19 (Address) 2426 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

JOHNS HOPKINS HOSPITAL 19

20 UNDERTAKER — ADDRESS

Board of Health,

CAUSE OF DEATH must be plainly written, and the information required by each item should be given as accurately as possible. See instructions on back of certificates. This is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95456 ✓ 57

D 95456

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1435 Orleans ST., 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Ulricka Lapouraille

(a) RESIDENCE NO. 1435 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that no other than a medical man may be properly guided in classifying it. INFORMATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Lapouraille

6 DATE OF BIRTH (month, day, and year) June 18-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles A. Kammer

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lydia Matzen

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Alfred Lapouraille

(Address) 1435 Orleans St.

FEB 20 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 2 hours a, 19 .....

that I last saw her alive on Feb. 18, 1925,

and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

Acute Laryngitis

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Diabetes Insipidus

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Howard C. Silvers, M. D.

, 19 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount-Cemetery	Feb. 20 1925
20 UNDERTAKER H. E. Taylor	ADDRESS 1611 N. Broadway

P. L. Milenthal

Spec—12-23-21—E.B.R.S.—400 Bks.

95457

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

D 95457 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2509 E. Federal St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles S. Carroll

(a) Residence No. 2509 E. Federal St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Carroll

6-DATE OF BIRTH (month, day and year) Sept 27-1878

7-AGE, 46 yrs. 4 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Camden Station

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Toledo Ohio

PARENTS.

10-NAME OF FATHER, Fred Carroll

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Toledo Ohio

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), "

14- (Informant) Mrs Addie Carroll

(Address) 2504 E. Federal St

15- FILED FEB 20 1925 ROBERT P. BRAUER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 19/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 19 25 to Feb 19 19 25

that I last saw h[illegible] alive on Feb 19 19 25

and that death occurred, on the date stated above, at 2208 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H. L. Hitchens M. D.

Feb 21, 1925 (Address) 1201 N Rat St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Feby 21, 1925
20-UNDERTAKER.	ADDRESS
Geo M. Fink & Son	811 N Wolfe

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95458

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95458

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 706 Wash Blvd St.) 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank De Combes

(a) Residence No. 706 Wash Blvd St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widow, Widower or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie DeCombes

6-DATE OF BIRTH (month, day and year) May 3-1852

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frank De Combes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mrs. B. Baker

(Address) Towson Md

15- Filed 8 20 1925, 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-18-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925 to Feb 18, 1925

that I last saw h. alive on Feb 18, 1925

and that death occurred, on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

(Duration) yrs. mos. 15 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Boyd M. D.

, 19 (Address) 702 Wash Blvd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Western Cemetery

DATE OF BURIAL, 2/20/25, 19

20-UNDERTAKER, Geo Lembach's Sons

ADDRESS 647 W Pratt St

Spec.—1-12-23—M&T—500 Blks.

D 95459

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95459

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Eiberle

(a) RESIDENCE NO. 1827 W. Pratt St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ V Eiberle

6 DATE OF BIRTH (month, day, and year) June 6 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Mrs. V. Eiberle

(Address) 1827 W. Pratt St.

15 Filed FEB 20 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1925

17 I HEREBY CERTIFY, That I attended deceased from February 19th, 1925, to February 18th, 1925, that I last saw him alive on 2-18, 1925, and that death occurred, on the date stated above, at 6.7 P m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma (Diabetes)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical-Laboratory

(Signed) Newman B Henderson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] Century DATE OF BURIAL 2/21/25

20 UNDERTAKER Geo Lembach & Son ADDRESS 647 W Pratt St

TION is very important. See instructions on back of certificate.

ec—12-23-21—E.B.R.S.—400 Bks.

D 95460

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95460

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 W. Cross St., 21-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Macher

(a) Residence No. 612 W. Cross St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 70 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine Macher

6-DATE OF BIRTH (month, day and year) April 7 1852

7-AGE, 72 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Chesapeake Iron Works

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Macher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mary E. Schaefer

(Address) 612 W. Cross St.

15-

Filed FEB 20 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 20/25

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1924 to Feb 20 1925

that I last saw h.. alive on 2-14- 1925

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. 1 mos. 1 hr.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 1 yrs. mos. ds

18-Where was disease contracted if not at place of death? None

Did an operation precede death? Date of

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) John G. Schwarzenberg M.D.

19 (Address) 11 New Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 23..., 1925

20-UNDERTAKER, Mrs. Mrs. John H. Pugh & Son — ADDRESS 801 W. Fayette St

Spec–12-23-21–E.B.R.S.–400 Bks. (Rossinia)

D 95461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-B 001

B 95461

1-PLACE OF DEATH

City of BALTIMORE: (No. 909 Stiles St. St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antoinette Anthony Rossinia

(a) Residence No. 909 Stiles St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 6 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female ~~Male~~

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6-DATE OF BIRTH (month, day and year) August 14 1924

7-AGE, yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed, (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Anthony Rossinia

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Theresa Illes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Anthony Rossinia

(Address) 909 Stiles St.

15- Filed FEB 20 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 20 -25-

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1925 to Feb 20 1925.

that I last saw h. alive on Feb 20 1925

and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchial Cold

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M.D.

19 (Address) 14 So Wood

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb. 24, 1925.

20-UNDERTAKER, Kendall Hyppekoven ADDRESS 3 S Wood

Burial Permit Clerk

In plain terms, so that everybody may understand, see instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

D 95462

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 E. Madison St ST., 7-2 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maragaret Driver

(a) RESIDENCE NO. 1926 E. Madison St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of late Christian Driven

6 DATE OF BIRTH (month, day, and year) Sept 29-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Adam Beiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Snider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Wolfe
(Address) 704 N. Bradford St

15 Filed 192 Robert P. Harrison, Registrar

B 20 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Probably Myocardial)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Collins, M. D.
(Coroner.)

2-19-25, 192 (Address) 508 E. Northave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL Feb 21 192 5

20 UNDERTAKER Jas E. Miller & Son ADDRESS 2334 Jeffers

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95463

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901

D 95463

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 76-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Kowelowski

(a) RESIDENCE NO. Bay View Asylum ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed FEB 21 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-9, 1925, to 2-17, 1925; that I last saw him alive on 2-17, 1925, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Senile Detonation

(duration) ..... yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) Claude G. Jones, M. D.

2-17 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL 2/21 1925

20 UNDERTAKER William Klein ADDRESS 1416 Covington

Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95464

CERTIFICATE OF DEATH.

31 D 95464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Greene ST., 4-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Gyritas

(a) RESIDENCE No. 110 N. Greene ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha Married

6 DATE OF BIRTH (month, day, and year) Nov 11. 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	34	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) D&O

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Matthew Gyritas

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Agatha Gyritis Gyritas Feb 24 1925

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Lithuania

14 Informant Mary Gyrys
(Address) 1922 Galveston Hgts Ave.

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

B 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1925, to Feb 19, 1925, that I last saw him alive on Feb 19, 1925, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ..... Yes

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. Whitridge Hoag, M. D.

(Address) 12 W. Wash. Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 23 1925

20 UNDERTAKER John Grebliunas — ADDRESS 425 S. Paca St

Information should be carefully supplied. Exact statement of occupation may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95465

CERTIFICATE OF DEATH.

31 D 95465

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4660 York Road ST., 27-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zerna E. Gardner

(a) RESIDENCE NO. 4660 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of single

6 DATE OF BIRTH (month, day, and year) Apr 7. 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid for 2 years

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo C Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda E. Bidle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo C Gardner

(Address) 4660 York Road

15 Filed EB 27 1925 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Feb 19, 1925, that I last saw h[illegible] alive on Feby. 19, 1925, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

(Exhaustion)

Pulmonary Tuberculosis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles J Mills M. D.

. 19 (Address) 2 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Middletown Md	Feb 22 1925
20 UNDERTAKER	ADDRESS
John Q Mitchell	1201 N. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC-CUPATION is very important. See instructions on back of certificates.

Spec.—1-10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95466

CERTIFICATE OF DEATH.

105 D 95466

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5107 Wilson ave. 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Polk

(a) RESIDENCE NO. 5107 Wilson Ave. 27 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. 4 ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hamilton R. Polk

6 DATE OF BIRTH (month, day, and year) 1864-10-13 dy

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) — — —

(c) Name of employer — — —

9 BIRTHPLACE (city or town) Topeka (State or country) Kansas

PARENTS

10 NAME OF FATHER Chas. M Callaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha King

13 BIRTHPLACE OF MOTHER (city or town) Frogtown (State or country) Virginia

14 Informant Emily H Polk

(Address) 5107 Wilson ave.

15 Robert P. Harrison, Registrar

B 21 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Feb 20, 1925, that I last saw her alive on Feb 19, 1925, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Bron. asthma

(duration) 5. yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatal of heart.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Homer C. Todd, M. D.

1925 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 23 1925
20 UNDERTAKER Kenny Jenkins Son Co	ADDRESS McCulloh & Orchard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of MEANS AND NATURE OF INJURY and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. See instructions on back of certificates. This information is very important.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95467

CERTIFICATE OF DEATH.

15-002

15-13 D 95467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Jones

(a) RESIDENCE NO. 1709 Presbury St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7 a	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Willie Jones

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Hopkins Hospital
(Address)

15 Filed FEB 21 1925, 192 Burial Permit Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Base Brain

(Probably Hem. of New Born)

Autopsy At Hospital (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital Heart Prob no influence (duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

2-17-25 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 2/20 192[illegible]

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95468

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 222 S. Clinton St., 16-5 Ward) Registered No. 160

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Erhardt Walter

(a) Residence No. 222 S. Clinton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Letzel

6-DATE OF BIRTH (month, day and year) Jan 1-1847

7-AGE, 68 yrs. 1 mos. 18 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) 688

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Henry Walter

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mrs. Mary Walter

(Address) 222 S. Clinton

15- Filed Robert P. Harrison, Registrar.

FEB 21 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/18/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to 2/18, 1925, that I last saw him alive on 2/17, 1925, and that death occurred, on the date stated above, at 5-a.m.

The CAUSE OF DEATH* was as follows:

1 Broncho pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Rheumatism (muscular)

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death? ~~Unknown~~, Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart & Respiration Ceased

(Signed) J. J. Carroll M. D.

2/18, 1925 (Address) 1740 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, 2/21/25

20-UNDERTAKER, John Ulrich ADDRESS 2008 Orleans

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Baker

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95469

D 95469

45

CERTIFICATE OF DEATH.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Emerg. Hospital ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Evelyn Baker

(a) RESIDENCE NO. 3332 Lyndale Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Baker

6 DATE OF BIRTH (month, day, and year): 4/25/1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John M Ashton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Emily Frampton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Evelyn Baker

(Address): 3332 Lyndale Ave

15 19 Robert P. Harrison, Registrar

B 21 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1925

17

I HEREBY CERTIFY, That I attended deceased from 2/17/25, 19..., to 2/17/25, 19...,

that I last saw h... alive on 2/17/25, 19...

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of colon

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) / Carcinomatosis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/16/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratories

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: 2/23/25

20 UNDERTAKER: John Sullivan

ADDRESS: 2108 Orleans

mation should be carefully supplied. Age should be stated in years. Exact statement of OC... PA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 D 95470

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 E. Federal ST., 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth B. Krieger

(a) RESIDENCE NO. 1807 E Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew F.

6 DATE OF BIRTH (month, day, and year): July 10 1875

7 AGE — Years: 49 Months: 7 Days: 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Francis J. Krieger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto-

12 MAIDEN NAME OF MOTHER: Elizabeth McCurdy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Elizabeth Krieger (Address) 1807 E Federal.

15 Robert P. Harrison, Registrar

Burial Permit Clerk

B 21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from January 3, 1925, to Feby 20, 1925, that I last saw her alive on Feby 14, 1925, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Sarcoma (Mets. from eye which was removed 2 years ago)

(duration) yrs. 1 mos 17 ds.

CONTRIBUTORY (Secondary): Toxaemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Y Date of 1923.

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory exam. of tissue

(Signed) Geo. Brenden, M. D.

2/20, 1925 (Address) 1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Feb. | DATE OF BURIAL: 23, 1925

20 UNDERTAKER: Wm Corbin | ADDRESS: 632 E. North Ave

mation should be carefully supplied. Exact statement of
that it may be properly classified.
CAUSE OF DEATH in plain terms, so
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95471

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95471

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St. 26-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Carroll

(a) Residence No. Bay View Asylum St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ann Carroll

6-DATE OF BIRTH (month, day and year) March 17 1851

7-AGE 74 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Edward Carroll

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Lamb.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Municipal Hospital Record

(Address).....

15- Filed FEB 21 1925, 192.. Robert P. Harrison, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-20-25

17- I HEREBY CERTIFY, That I attended deceased from 1-23, 1925, to 2-20, 1925, that I last saw him alive on 2-20, 1925, and that death occurred, on the date stated above, at 5-0 a. m.

The CAUSE OF DEATH* was as follows:

Senile Detamination

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Sub

(Signed) Claude A. Dreese M. D.

2-20, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
New Cathedral	Feb. 23 1925
20-UNDERTAKER.	**ADDRESS**
Elmer W. Conklin	924 E. Eager St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Also instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

(Conley)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95472

CERTIFICATE OF DEATH.

90

D 95472

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N Calhoun St.; 16-6 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Conley

(Residence in Baltimore: No. 904 N Calhoun St.; 80 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) 1 (Day) 1 (Year) 1865

7-AGE,	If LESS than 1 day,
60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thomas Conley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie Conley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jimmie Jones

(Address) 904 Calhoun st

15-

Filed FEB 21 1925, 191.. Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19th (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18th 1925, to Feb 19th 1925, that I saw h[illegible] alive on Feb 18th 1925, and that death occurred, on the date stated above, at 12.01 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jas A Carter M. D.

2-20, 1925. (Address) 1063 Myth Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	2/22, 1925
20-UNDERTAKER Joseph A Linsley	ADDRESS 151 Winter ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95473

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95473

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 682 Josephine ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Argro

(a) RESIDENCE NO. 682 Josephine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Elizabeth Argro

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE: Years 29 | Months 7 | Days 7 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Sewerage Dept

(c) Name of employer: City

9 BIRTHPLACE (city or town) Sumpter (State or country) S.C

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Elizabeth Argro (Address) 682 Josephine St

15 Filed ....., 19.. Robert P. Harrison, Registrar

B 21 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 13 . 1925 . to Feby 18 . 1925 . that I last saw h[illegible]alive on Feby 18 . 1925 . and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Howell M. D.

2/14 19 25 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2-21 1925

20 UNDERTAKER Dan Carey

ADDRESS 996 Gaw

mation should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Pks.

D 95474

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95474

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Light. ST., 23-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie A. Drager.

(a) RESIDENCE NO. 1316 Light St. ST., WARD

(Usual place of abode)

length of residence in city or town where death occurred 71 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Drager.

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1853.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71,	3,	11.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Maggie Moeller.

(Address) 1316 Light St.

15 B 21 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Feb 20, 1925,

that I last saw h[illegible] alive on Feb 20, 1925,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Independent (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

Feb 20, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Feb. 23 1925

UNDERTAKER Howard Evans ADDRESS 38 E. Ford Ave

mation should be carefully supplied. Age CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on

that it may be properly classified. Exact statement of OCCUPA- ns on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95475

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95475

CERTIFICATE OF DEATH.

18-3 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Carrollton Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Griffin.

(a) RESIDENCE NO. 105 S. Carrollton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 10. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carroll Griffin.

6 DATE OF BIRTH (month, day, and year): Dec. 10, 1873.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
51.	2.	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Emory Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. Carroll Griffin.

(Address): 105 S. Carrollton Ave.

15 Filed FEB 27 1925 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/17 1925

17 I HEREBY CERTIFY, That I attended deceased from April, 1924, to February 17, 1925, that I last saw h alive on February 15, 1925, and that death occurred, on the date stated above, at 4.30 p m.

The CAUSE OF DEATH* was as follows:

Epithelioma of vulva

(duration) 1 yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr. 11. 1924

Was there an autopsy? Yes.

What test confirmed diagnosis? Microscopical test

(Signed) Chas. Hoffman, M. D.

, 19 (Address) 1102 Dr Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Feb. 23, 1925

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 E Fayette

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95476 HEALTH DEPARTMENT—CITY OF BALTIMORE No 95476

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Fork Ave ST.; 24-2 WARD).

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry F Elliott.

(a) RESIDENCE. NO. 819 Fork Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 14, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry F. Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Edna Roby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alexandria Va.

14 Informant H. F. Elliott (Address) 819 Fork

15 FEB 21 1925 19 Robert P. Harrison Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9 1925 to Feb. 20 1925.

that I last saw h— alive on Feb. 15 1925.

and that death occurred, on the date stated above, at 5-30 A. m.

The CAUSE OF DEATH* was as follows:

Failure of Pulmonary Circulation

Close

(duration) Days mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm. S. Seabury, M. D.

2/20 1925 (Address) 638 Fork Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Feb. 23 1925

20 UNDERTAKER L. Howard Evans ADDRESS 38 E Fort Ave

STATION SHOULD BE CAREFULLY SUPPLIED. ALL BLANKS SHOULD BE FILLED. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. ALL BLANKS SHOULD BE FILLED. Exact statement of OCCUPATION and CAUSE OF DEATH is very important. See instructions on back of certificates.

U.S. AIR MAIL

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95477

D 95477

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 15-11 WARD)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Cremen

(a) RESIDENCE NO. 2216 Clifton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver Auto

(b) General nature of industry, business, or establishment in which employed (or employer) H E Gorsuch

(c) Name of employer do not know

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Robert Cremen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D C

12 MAIDEN NAME OF MOTHER Mary Mahlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Robert Cremen

(Address) 2216 Clifton Ave.

15 Filed FEB 21 1925, 19 ROBERT P. HARRISON, Register

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20- 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-11, 1925, to 2-20, 1925,

that I last saw him alive on 2-20, 1925,

and that death occurred, on the date stated above, at 8 10 a. m.

The CAUSE OF DEATH* was as follows:

Left Pleuro Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pneumo Cocci Meningitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? U. Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Kernig. + cultures. John T Owens M. D.

(Signed)

, 19 (Address) Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Feb 25 1925
20 UNDERTAKER	ADDRESS
Martin Bailey & Co	1827 N Howard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95478

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95478

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2308 Fleet ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Moore

(a) RESIDENCE No. 2308 Fleet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND OF (or) WIFE OF Louisa Moore

6 DATE OF BIRTH (month, day, and year) Dec 24th 1854

7 AGE. Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
70	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

003

PARENTS

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md

10 NAME OF FATHER Henry Moore Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Falls, Md

14 Informant Mrs. F. Funkhouser

(Address) Relay, Md

15 FILED FEB 21 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1924, to Feb. 20, 1925, that I last saw him alive on Feb. 14, 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Valvular Dis. Heart

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas. S. Mier, M. D.

2/21/1925 (Address) 4085 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Feb 25 1925

20 UNDERTAKER F. S. Heppert ADDRESS 1850 Pratt St

mation should be carefully supplied. AGE should be stated EXACTLY. If infant, number of hours or days should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

D 95479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95479

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Yetta Young

(a) RESIDENCE NO. Hebrew Hospital ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice Young

6 DATE OF BIRTH (month, day, and year) July 27/1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stuttgart Germany

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Helen Barron

(Address) 1641 W. Northwood.

15 Filed FEB 21 1925 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1922 to Feb. 20 1925.

that I last saw h[illegible] alive on Feb. 20, 1925.

and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) I. Isidor L. Jury M.D.

Feb 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cemetery — DATE OF BURIAL Feb 22/1925

20 UNDERTAKER J. Schnaus & Bro — ADDRESS 331 Hanover

Burial Permit Clerk

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95480

D 95480

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 511 E. Littig ST., 24 WARD)

2-FULL NAME William J. Smith

(a) RESIDENCE NO. 511 E. Littig ST., 24 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie C. Scherer

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) B & O RR
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER John Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md
12 MAIDEN NAME OF MOTHER Addie Hayward
13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 Informant Annie C. Smith
(Address) 511 E. Littig St

15 Filed ..... 19 Robert F. Harrison Registrar

FEB 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/18, 1925, to 2/18, 1925.
that I last saw he alive on 2/18 1925
and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Elen. Smith M. D.
(Address) 910 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glen Hill
DATE OF BURIAL 2/20 1925

20 UNDERTAKER F. J. Staley Woods
ADDRESS 1318 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95481

CERTIFICATE OF DEATH.

X 118 D 95481

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No.) / ST., 7-1 WARD)

2-FULL NAME Louis Rosenberg

(a) RESIDENCE NO. Cleveland, Ohio ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6 DATE OF BIRTH (month, day, and year) Dec 14 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist

(b) General nature of industry, business, or establishment in which employed (or employer) 26

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisville Ky

PARENTS

10 NAME OF FATHER Israel Rosenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Blanch Kutash

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Dr Wm Rosenberg

(Address) Cleveland Ohio

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

EB 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21st 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1925, to Feb 21st, 1925; that I last saw him alive on Feb 21st 1925; and that death occurred, on the date stated above, at 1.44 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 4 hrs.

Intestinal Obstruction

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 2/17/25

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) A Adler Goldsmith M. D.

2/21, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cleveland Ohio

DATE OF BURIAL 2/21 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1409 E Baltimore

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95482

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95482

CERTIFICATE OF DEATH.

1-2 113

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Rose ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kaminski

(a) RESIDENCE NO. 720 S. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 21 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 22 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER William Kamienski

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Pelagia Iroka

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant William Kamienski (Address) 720 S. Rose Street

15 EB 21 1925 19 Robert P. Harrison, Registrar

(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14 1925, to Feb. 20 1925, that I last saw her alive on Feb. 20 1925 and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Rehberger, M. D.

19 (Address) 1709 Aliceanna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Feb 21 1925

20 UNDERTAKER John M Weber — ADDRESS 1803 Bank St

U. S.—WRITE PLAINLY; with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95483

1787 95483

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 1-4 32 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew Jefferson

(a) RESIDENCE NO. 3016 Elliott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 29-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Mathew Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Langley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHN'S HOPKINS HOSPITAL

15 FEB 21 1925, 19 Robert P. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1925, to Feb 20, 1925, that I last saw him alive on Feb 20, 1925 and that death occurred, on the date stated above, at 1398 m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None - except lumbar puncture

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tawney Cem. DATE OF BURIAL: Feb 23 1925

20 UNDERTAKER: Stephen J. Kralkowski ADDRESS: 1105 Kenwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should be careful in the statement of CAUSE OF DEATH. Information should be carefully supplied. AGE should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95484

HEALTH DEPARTMENT—CITY OF BALTIMORE

58-D 95484

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 706 Cedarcroft Road REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Billings Chappell

(a) RESIDENCE No. 706 Cedarcroft Road, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 3 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of John George Chappell

6 DATE OF BIRTH (month, day, and year) April 13th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Edward E. Billings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa

12 MAIDEN NAME OF MOTHER Sallie Guerney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co. Md

14 Informant Mrs. Anna E. Chappell (Address) 706 Cedarcroft Road

15 Filed FEB 21 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2nd 21st 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 14th, 1924, to Feb 20th, 1925, that I last saw her alive on Feb 20th, 1925 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Myelitis with progressive paralysis and pernicious anemia (duration) about yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Do not know exactly, possibly an infection (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? do not know

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination by Dr Pincoffs.

(Signed) Amanda T. Norris, M. D.

, 19 (Address) 137 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL Feb 23rd 25

20 UNDERTAKER Peter Dove ADDRESS 1722 W Lafayette Ave

Burial Permit Clerk

NB.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIAN'S certificate of DEATH should be stated EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1718 9 95485 — 1 — 95485

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH John Hopkins Hosp.

CITY OF BALTIMORE: (No. 8-3 ST., WARD)

2-FULL NAME Raymond Shellman

(a) RESIDENCE NO. 1500 N. Chapel ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 9, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Shellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) John Hopkins Hosp.

15 FEB 21 1925 Robert F. Harrison, M.D. Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 30, 1925, to February 19, 1925, that I last saw him alive on February 19, 1925, and that death occurred, on the date stated above, at 1:00 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) yrs. mos 27 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1500 N. Chapel

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture.

(Signed) C. Scott, M. D.

2-20-25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL 2/21 1925

20 UNDERTAKER George & Ruth — ADDRESS 1735 Harford Av

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95486

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95486

CERTIFICATE OF DEATH.

8-4 101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2300 Biddle ST., WARD)

2-FULL NAME John Wm Jordon

(a) RESIDENCE NO. 2300 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Jordon. (McKenna)

6 DATE OF BIRTH (month, day, and year) 3/11/1882

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
42	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer) National Biscuit Co

(c) Name of employer same

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER John Wm Jordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City MD

12 MAIDEN NAME OF MOTHER Maggie Ingle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John W Jordan Sr (Address) 2300 E Biddle St

15 Filed FEB 21 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH 1925

16 DATE OF DEATH (month, day, and year) Feby 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 11, 1925, to Feby 14, 1925, that I last saw him alive on Feby 14, 1925 and that death occurred, on the date stated above, at 6 45 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Alg A Gage M. D.

2/19/25 (Address) 169 N Bowen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb 23 1925
20 UNDERTAKER	ADDRESS 1203
J Henry Lutz	N Broadway

N.B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIAN'S information should be carefully supplied. Date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95487

CERTIFICATE OF DEATH.

X 17-11-002

D 95487

1-PLACE OF DEATH

City of BALTIMORE (No. 667 W. Franklin St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Ward Campbell

(a) Residence No. 667 W. Franklin St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 2 weeks — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Pennsylvania

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 24-1906

7-AGE. 18 yrs. 5 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country) Tyrone Pa.

PARENTS.

10-NAME OF FATHER. Jas Campbell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Penna

12-MAIDEN NAME OF MOTHER. Mabel A. Orris

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Penna

14-(Informant) Frank M. Warring

(Address) Tyrone Pa.

15-

FEB 22 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 21-1925

17- I HEREBY CERTIFY, That I attended deceased from July 17 1925 to July 21 1925

that I last saw him alive on July 21 1925

and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows: Influenza. Gastric Type

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) acute Endocarditis with Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas H Maguire M. D

19 (Address) 14 East Road St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Tyrone Penna	Feb 22 1925
20-UNDERTAKER.	ADDRESS
Chas. E. Graves & Son	118 West Royal Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use ONLY plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95483

CERTIFICATE OF DEATH.

90 D 95488

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3025 W North Ave ST., 15-7 WARD)

2-FULL NAME Maria A Conway

(a) RESIDENCE NO. 3025 W Northave ST., 15 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J Conway

6 DATE OF BIRTH (month, day, and year) 3/23/1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Col. A James.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto - Md.

12 MAIDEN NAME OF MOTHER Maria E. Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Lloyd Conway

(Address) 3025 W North Ave.

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

FEB 22 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 - 1925, to Feb 22 1925.

that I last saw her alive on Feb 21 1925.

And that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

Secondary to

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Dilated Heart-Cardiac Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? By Nelson

(Signed) Edgar A Hardy Sr. M. D.

19 (Address) 2125 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemt — DATE OF BURIAL Feb 24th 1925

20 UNDERTAKER Putnam & Sons — ADDRESS 1723 W Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

95489 17338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95489

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sarah M. Robbins.

(a) RESIDENCE NO. Children Hospital School WARD Boston, Mass

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Nelson Robbins.

6 DATE OF BIRTH (month, day, and year) ? —1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Abraham Ford.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER — Ford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Records John Hopkins Hospital

15 Filed FEB 22 1925, 19.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28, 25

17 I HEREBY CERTIFY, That I attended deceased from February 7, 1925 to February 29, 25 that I last saw her alive on February 29 1925 and that death occurred, on the date stated above, at 2 9 m

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ... yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? P. M. Autopsy

(Signed) F. L. Reichert M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Walden Mass DATE OF BURIAL Feb 23 19 25

20 UNDERTAKER F E Sorrel ADDRESS 4 & N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

118 D 95490

95490

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey L Pare

(a) RESIDENCE No. 24 E. 21st Vernon ST Phila.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	41	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 66 0

(b) General nature of industry, business, or establishment in which employed (or employer) Musician

(c) Name of employer Salesman Par

9 BIRTHPLACE (city or town) (State or country) Phila

PARENTS

10 NAME OF FATHER George Pare

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ella Auer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Hospital Record
(Address)

15 Filed FEB 22 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/25

17 I HEREBY CERTIFY, That I attended deceased from 1/10/25, 19..., to 2/21/25, 19...

that I last saw h~~e~~ alive on 2/21/25, 19...

and that death occurred, on the date stated above, at 6.45-a m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Gastric Resection

Did an operation precede death? Yes Date of 2/14/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. V. Hartley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsburg Pa	2/24/25

20 UNDERTAKER George A Finley ADDRESS Fulton & Eagle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95491

CERTIFICATE OF DEATH.

100-001

D 95491

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2102 E Balto st St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bella Michelson

(a) Residence No. 2102 E Balto st St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., If of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 18 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Nurse

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Rosen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Aaron Michelson

(Address) 111 Asquith st

15- FEB 22 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1922 to Feb 20 1925

that I last saw h[illegible] alive on Feb 20 1925

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) senility

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Samuel Whitelow M. D.

2/27, 1925 (Address) 1810 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Rosedale — DATE OF BURIAL. 2/22 1925

20-UNDERTAKER. L. Grimson & Bro — ADDRESS 1124 Balto st.

N. B.—WRITE PLAINLY. PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95492

CERTIFICATE OF DEATH.

90 D 95492

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 W. North Ave St., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie R. Donald

(a) RESIDENCE No. 2024 W. North Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Donald

6 DATE OF BIRTH (month, day, and year): Apr 29 1850

7 AGE: Years 74 Months 9 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fredk Co Md.

PARENTS

10 NAME OF FATHER: Henry Hood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Julia Brashears

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Arthur Leach

(Address) 2024 W. North ave

15 Filed FEB 22 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1925, to Feb 19, 1925,

that I last saw h alive on Feb 18, 1925,

and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurg. & Arterio-Sclerosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Pulm. Congestion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas H Blake M. D.

Feb. 1925 (Address) 20 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Airy. Md.

DATE OF BURIAL: Feb 22 25

20 UNDERTAKER: Wm Fischer Sons

ADDRESS: North & Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95493

CERTIFICATE OF DEATH.

4-1 31

D 95493

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Williams

(a) RESIDENCE NO. 706 W. Lexington st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Presser

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arkansas

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lillian Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Arkansas

14 Informant Hospital Records

(Address) M.T.H.

FEB 22 1925 ROBERT E. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1924, to Feb. 21, 1925, that I last saw him alive on Feb. 21, 1925, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray, sputum

(Signed) L. F. Wilson M. D.

2-21, 1925 (Address) Municipal Tbc. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL Feb 23 1925

20 UNDERTAKER Wm J Tickner & Sons — ADDRESS N Y Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

95494 HEALTH DEPARTMENT—CITY OF BALTIMORE 29 D 95494

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1535 North Carolina Registered No.

City of BALTIMORE: (No. 1535 North Carolina St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Elizabeth McCawley

(a) Residence No. 1535 N. Carolina St., 8 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed, or Divorced~~, (Write the word.) Name of

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William H. McCawley

6-DATE OF BIRTH (month, day and year) Oct. 31 1858

7-AGE. 66 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER John S. Schweitzer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Amelia Anthony

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14-

(Informant) William H. McCawley

(Address) 1535 N. Carolina St. (Husband)

15-

Filed FEB 22 1925 1925 ROBERT R. KRAUTER, Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK. CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 21 1925.

17- I HEREBY CERTIFY, That I attended deceased from February 7 1925 to Feb 21 1925

that I last saw her alive on Feb 21 1925

and that death occurred, on the date stated above, at 12.20 p.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical tests

(Signed) A. W. Macdonald M. D.

Feb 21, 1925 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL. Feb 24, 1925

20-UNDERTAKER. Wm. J. Tickner & Son

ADDRESS Park Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95495

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N Patterson Park Ave WARD) 7-23

2-FULL NAME Otto Casper Bittorf

(a) RESIDENCE No. 912 N Patterson Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Bittorf

6 DATE OF BIRTH (month, day, and year) Oct 28-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	65	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 1003

(c) Name of employer Rice Bros.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Bittorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Martha Bittorf (Address) 912 N Patterson Park Ave

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1924, to Feb. 20, 1926, that I last saw him alive on Feb. 19, 1926, and that death occurred, on the date stated above, at 2.45 p m. (Over)

The CAUSE OF DEATH* was as follows:

Dying in fact since 1921

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Spinal myelitis probably 10 (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptomatic

(Signed) Pneumonia Julius C. Todd M. D.

, 19 (Address) 1793 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL Feb 23 1926

20 UNDERTAKER W. H. Whitehurst & Son ADDRESS North 11

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95496

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 318 Forrest ST.) 5-1 WARD) REGISTERED No. C 90

2-FULL NAME Billie Ann Gaskins

(Residence in Baltimore: No. 318 Forrest St. 15 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

7-AGE, 53 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 087

9-BIRTHPLACE, (State or Country), Va'

PARENTS.

10-NAME OF FATHER, F Gaskins

11-BIRTHPLACE OF FATHER (State or Country). Va'

12-MAIDEN NAME OF MOTHER Caroline (?)

13-BIRTHPLACE OF MOTHER (State or Country), Va'

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Gaskins

(Address) 1709 W Franklin

15-

Filed FEB 22 1925, 191.. ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease heart

Several days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. V. Philips M. D.
Feb. 20 1925 (Coroner) (Address) 1639 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ashury Cemetery — DATE OF BURIAL, Feb 22, 1925

20-UNDERTAKER Mrs R. C. Elliott — ADDRESS 1722 Eastlander

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 95497
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Locust ave ST., 27-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Blair

(a) RESIDENCE NO. 214 Locust ave, Overlea Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) July 25 1822

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	102	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eng Land

PARENTS

10 NAME OF FATHER Mc Kinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mc Kinn

12 MAIDEN NAME OF MOTHER Mc Kinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mc Kinn

14 Informant Joseph Blair
(Address) 214 Locust St

15 FEB 22 1925 ROBERT B. KRAUTER, Registrar
Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1924, to Feb 20th, 1925, that I last saw h alive on Feb 20th, 1925 and that death occurred, on the date stated above, at 9 15 p m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) hyperandotinsufficiency (duration) yrs. 2 mos. 23 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Edw A Benson, M. D.

2-21, 1925 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakhill	Feb 23 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Ave Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95498

CERTIFICATE OF DEATH.

D 95498

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Kennedy Ave ST., 9-5 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Bikeler

(a) RESIDENCE NO. 2015 Kennedy Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard.

6 DATE OF BIRTH (month, day, and year) Aug 21. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Apfler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Schmidtke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lydia Gryzer

(Address) 2317 E. Fayette Ave

15 Filed FEB 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1925, to Feb. 18, 1925.

that I last saw her alive on Feb 18th, 1925

and that death occurred, on the date stated above, at 1-20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Gall. Endocarditis

unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) Unknown ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of "

Was there an autopsy? No "

What test confirmed diagnosis? "

(Signed) Effenie Buck M. D.

2/19/25 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Feb. 23 1925 — DATE OF BURIAL

20 UNDERTAKER Wm Cook — ADDRESS 902 E. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95499

101-001

D 95499

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 4-2 WARD)

2-FULL NAME Henry A. Teipe

(a) RESIDENCE NO. 13 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 5 1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Albert Teipe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records

(Address)

15 FEB 22 1925 ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-18 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-14, 1925, to 2-18, 1925; that I last saw him alive on 2-18, 1925 and that death occurred, on the date stated above, at 8:00 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum.

(Signed) Claude G. Hemp, M. D.

2-18 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL 2/27 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95500

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 231 Saltt St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Katie Ramm

(a) Residence No. 231 Saltt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ramm

6-DATE OF BIRTH (month, day and year) Nov 20 1864

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Katherine Gerdes (Address) 231 Saltt St

15-

Filed. 1925 Registrar.

FEB 22 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 20 25

17- I HEREBY CERTIFY, That I attended deceased from 2 November 1924 to 20 February 1925 that I last saw h[illegible] alive on 20 February 1925 and that death occurred, on the date stated above, at 2 m. The CAUSE OF DEATH* was as follows:

Carcinoma uteri

Unknown for me (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Hammond Jr., M. D.

, 19 (Address) 606 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Back Lane	July 24, 1925
20-UNDERTAKER.	ADDRESS
William Lee & Son	Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D95501

HEALTH DEPARTMENT—CITY OF BALTIMORE

D95501

CERTIFICATE OF DEATH.

188-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bayview Hospital ST., 26-4 WARD)

2-FULL NAME James T Barton

(a) RESIDENCE NO. Philadelphia Rd 1164 ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 14 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	9	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... School
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Geo J Barton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Nellie Matheny

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Geo J Barton
(Address) Philadelphia Rd & Pulaski St

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Crushed Pelvis & R. femur.
Auto truck accident
(duration) ..... yrs. ..... mos 4 Hs

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Gordon, M. D.
(Coroner.)

Feb 20, 1926 (Address) 700 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Philadelphia Rd

Former or usual residence Philadelphia Rd

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem — DATE OF BURIAL Feb 22 1925

20 UNDERTAKER H. Sander & Sons — ADDRESS 1710 Fleet St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 95502 2 B 01 95502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 So. Smallwood ST. 20-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abrahaym Cohen

(a) RESIDENCE No 607 So. Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	60	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant S. W. Police Sta (Address)

15 FEB 22 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21st 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to h.. death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) about an hour yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. D. Horton, M. D. (Coroner.)

Feb 21 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem DATE OF BURIAL 2/22 1925

20 UNDERTAKER Jack Levin 1439 E. Balt ADDRESS

Spec—12-23-21—E.B.F.S.—400 Eks.

D 95508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95503

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 232 S. Eden Street St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Etta S. Greenberg

(a) Residence No. 2328 Eden St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Greenberg

6-DATE OF BIRTH (month, day and year): [illegible]

7-AGE: 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS:
10-NAME OF FATHER: Moses [illegible]
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia
12-MAIDEN NAME OF MOTHER: Antonn
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-
(Informant): Jack Lewis
(Address): 1439 E Balt st

15-
FEB 22 1925
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/22/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 21, 1925, that I last saw h[illegible] alive on Feb 21, 1925, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease and Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kaden M. D.

, 19 (Address) 2306 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mehrenfriendship Cem	2-22, 19 25
20-UNDERTAKER. Jack Lewis 1439	ADDRESS. E Balt st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.P.S.—400 Bks.

D 95504 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95504

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 3510 Park Heights Ave., St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hyman Weistock

(a) Residence No. 3510 Park Heighs Ave., St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Weistock

6-DATE OF BIRTH (month, day and year) Unknown Russia

7-AGE. 52 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dealer Paper Bags

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Lewis (Address) 1409 E Balt St

15- Filed FEB 22 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH (month, day and year) 2-21-25

17- I HEREBY CERTIFY, That I attended deceased from 2/1 19 24 to 2/21 19 25

that I last saw h. alive on 2/21 19 25

and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Contusion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) High Blood Pressure & Chronic Interst Nephritis (Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry Kahn M. D.

2/22/25 19 (Address) 3527 W Balt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Weiner Interment DATE OF BURIAL. 2-24 19 25

20-UNDERTAKER. Jack Levin ADDRESS 1439 E Balt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D95505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-001

D 95505

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4820 First Ave (ST.) Canton (WARD) 26-7

2-FULL NAME Anna M. H. Beil

(a) RESIDENCE No. 4820 First Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	15	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Canton Balto Co Md (State or country)

PARENTS

10 NAME OF FATHER William J. Beil

11 BIRTHPLACE OF FATHER (city or town) Balto Md. (State or country)

12 MAIDEN NAME OF MOTHER Marion Douglas

13 BIRTHPLACE OF MOTHER (city or town) Balto Md. (State or coontry)

14 Informant Marion Beil

(Address) 4820 First Ave

15 FEB 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 19, 1925, that I last saw her alive on Feb 19, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Stomach

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Gastric Ulcer

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Alfred A Bendich M. D.

, 19 (Address) 8 E Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Feb 22, 1925

20 UNDERTAKER H. Sander & Sons

ADDRESS 1710 Fleet St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95506

CERTIFICATE OF DEATH.

31 D 95506

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N Bond ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emmett May

(a) RESIDENCE NO. 527 N Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Rosa May

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlanta Georgia

PARENTS

10 NAME OF FATHER Mack May

11 BIRTHPLACE OF FATHER (city or town) (State or country) Atlanta Georgia

12 MAIDEN NAME OF MOTHER Annie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Atlanta Georgia

14 Informant Annie May (Address) 527 N Bond St

15 Filed FEB 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1924, to Feb 19, 1925, that I last saw him alive on Feb 18, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer 086

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? and while in navy

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R F Y M. D.

19 (Address) 1 Troy E Monument Sat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	2/22/25

20 UNDERTAKER ADDRESS

R E Trove 1405 Mt Elderry

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Marion J Emack.

D 95507

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95507

CERTIFICATE OF DEATH. X 74

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 South Charles ST.: 11-2 WARD)

2-FULL NAME Maria Jane Emack

(a) RESIDENCE. NO. 914 South Charles St Balto Md WARD. Parkton Md.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Aug 27 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	X	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) Home keeping

(c) Name of employer no

9 BIRTHPLACE (city or town) (State or country) Parkton Balto Co Md

PARENTS

10 NAME OF FATHER James Rumply

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Maryland

12 MAIDEN NAME OF MOTHER Edena James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Mrs Wayne Turner
(Address) 914 South Charles St

15 Filed FEB 22 1925, 19 Balto Md
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1924, to Feb 21, 1925; that I last saw h[illegible] alive on Feb 21, 1925; and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia of right side

(duration) 4 yrs. 6 mos. X ds.

CONTRIBUTORY (Secondary) Generally debility

(duration) 4 yrs. 8 mos. 6 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Dr J. H. Bryan, M. D.

Feb 22, 1925 (Address) 6010 York Road Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkton Md — DATE OF BURIAL Feb 22 1925

20 UNDERTAKER E LeRoy Stuffle — ADDRESS 1255 Hall Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.F.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95508

CERTIFICATE OF DEATH.

D 95508

1-PLACE OF DEATH

City of BALTIMORE: (No.) 618 N. Robinson St., 7-37 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Shipley

(a) Residence No. 618 N. Robinson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Roscoe Shipley

6-DATE OF BIRTH (month, day and year) Sept 14 1880

7-AGE, 44 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Kalbhoff.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sophia Hoblein

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Roscoe Shipley

(Address) 618 N. Robinson St

15-

Filed FEB 22 1925 19 17-

Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) Feb 19 1925

17-I HEREBY CERTIFY, That I attended deceased from Feb 10 1925 to Feb 19 1925

that I last saw h.. alive on Feb 19 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Rysack M. D.

(Address) 8011 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County DATE OF BURIAL, Feb 23 1925

20-UNDERTAKER Geo E Miller & Son ADDRESS 233 E Jefferson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

95509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 95509

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 799 N. Mulberry ST.: 4-1 WARD)

2-FULL NAME Clara Keat.

(a) RESIDENCE. No. 799 N. Mulberry ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jos West

6 DATE OF BIRTH (month, day, and year) Dec 13 - 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Turpin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Darnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Christena Jones

(Address) 6172 Avondale

15 FEB 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from January 23 1925. to Feb 20th 1925.
that I last saw her alive on Feb 20th 1925.
and that death occurred, on the date stated above, at 1.00 P. m.
The CAUSE OF DEATH* was as follows:

Acute Pneumonia Pathisis

(duration) yrs. 2 1/2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical & Muscultation

(Signed) Geo. H. Lauenborg M. D.

2-20 1925 (Address) 2215 N. Howard Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Christ Field Md	Feb 22 1925
20 UNDERTAKER	ADDRESS
Robert Wilkinson	1515 McCulloh St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95510

CERTIFICATE OF DEATH.

22 3

D 95510

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 804 Sharp St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Le Roy Bevans

(a) Residence No... 804 Sharp St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mch 4 1913

7-AGE. 12 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... School Boy

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town), (State or Country), Washington D.C

PARENTS.

10-NAME OF FATHER, John Bevans

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Va

12-MAIDEN NAME OF MOTHER, Susie Boggs

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Va

14- (Informant)..... John Bevans

(Address)..... 804 Sharp St

15-

Filed..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-19-25

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924 to Feb 19, 1925

that I last saw h. alive on Feb 18, 1925

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

2/20, 1925 (Signed) H S McCard M. D

(Address) 2005 Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn

DATE OF BURIAL. Feb 23 1925

20-UNDERTAKER. John H. Soodin

ADDRESS 142 Hull St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 22 1925 ROBERT R. KRAUTER, REGISTRAR

FILMED

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95511

CERTIFICATE OF DEATH.

D 95511

1-PLACE OF DEATH

City of BALTIMORE: (No. 2110 Mt Holly St., 15-90 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Lazarus

(a) Residence No. 2110 Mt Holly St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lazarus

6-DATE OF BIRTH (month, day and year) Oct - 1853

7-AGE, 71 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired (Merch.)

(b) General nature of industry, business, or establishment in which employed (or employer) Fedora Dresses

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Irvin Lazarus

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mrs M Lazarus

(Address) 2110 Mt Holly St

15- FEB 22 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 21st 1925

17- I HEREBY CERTIFY, That I attended deceased from Feby 13 1925 to Febry 21 1925

that I last saw him alive on Feby 20 1925

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Senile with failure of pulmonary circulation

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic - Valvular - stenosis

(Duration) 15 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wallace Cole, M. D.

2/24, 1925 (Address) 722 Bonson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Leggett's Sunday 2/25, 1925

20-UNDERTAKER, David Goldstein ADDRESS 1120 W. Mt. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

S·A·F

O D A K

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95512 — 100 D 95512

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Hull ST., 24-3 WARD)

2-FULL NAME Mary Ellen Sinsky

(a) RESIDENCE NO. 1400 Hull ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9, 28, 24

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm Sinsky

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Emma ann Oberg

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Mrs Emma Sinsky
(Address) 1400 Hull, Bal

FEB 22 1925 HERBERT R. KRAUTER, Registrar
Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1925, to 2-21, 1925, that I last saw h-e alive on 2-21, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Influenza (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 24 hrs ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L Harrington, M. D.

2-22-1925 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	Feb 23 1925
20 UNDERTAKER Chas. L. Stearns	ADDRESS 1501 E Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

95513

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 95513

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Ground Lancaster s Edge St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Unknown Peter Lapcevic

(Residence in Baltimore: No. Unknown 833 S Bond St. St., yrs. Unknown mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	W	Unknown

6-DATE OF BIRTH. Unknown 1.....
(Month) (Day) (Year)

7-AGE. At 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer). Unknown

9-BIRTHPLACE, (State or Country). Servia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo G. Cook

(Address) 1731 N Patt Park Ave.

15-

Filed FEB 22 1925 C. R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found Wdy Feb 16 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Unk death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... mos. ..... ds.

(Signed) James M Kenlon M. D.
(Coroner)

Feb 25 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore	Feb 23rd 1925
20-UNDERTAKER.	ADDRESS
Leo G. Cook	1731 N Patt Pk Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

pec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95514

CERTIFICATE OF DEATH.

25-390

D 95514

1-PLACE OF DEATH

City of BALTIMORE: (No. 3720 Wilkins Ave St. 25 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ann Eckman

(a) Residence No. 3720 Wilkins Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 86 yrs. mos. 14 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White.

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of Late Daniel M. Eckman

6-DATE OF BIRTH (month, day and year) February 6, 1839

7-AGE. 86 yrs. 0 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. David A. McNamee

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary Springer

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Maryland

14- (Informant). Mrs. E. Eckman

(Address) 3725 N. Wilkins Ave

15- FEB 22 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 20-1925.

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13- 1924 to Feb. 20- 1925.

that I last saw h.. alive on Feb. 20- 1925.

and that death occurred, on the date stated above, at 10 30 P. M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insuff.

(Duration) yrs. 2 mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dudley P. Bowe, M. D.

2.6.26 1925 (Address) 1704 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Wilson Lot

DATE OF BURIAL. Feb. 23, 1925

20-UNDERTAKER. Jas. H. Eckman

ADDRESS 3725 Wilkins Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95515

HEALTH DEPARTMENT—CITY OF BALTIMORE,

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 N. Milton Ave. ST., 8-2 WARD)

REGISTERED NO. D 95515

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carroll J. Beckwith

(a) RESIDENCE NO. 1806 N. Milton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 28th. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel T. Beckwith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Clara M. Kampmann

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md.

14
Informant Samuel T. Beckwith.
(Address) 1806 N. Milton Ave.

15 Filed FEB 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1925.

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 20, 1925.

that I last saw him alive on Feb 20, 1925.

and that death occurred, on the date stated above, at 10 0 m.

The CAUSE OF DEATH* was as follows:

Acute Ulcerative Colitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

(Address) 18 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb. 23 1925

20 UNDERTAKER: Chas F. Evans & Son. ADDRESS: 118 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95516 D 95516

1-PLACE OF DEATH Md. Gen. Hospl 1-4 REGISTERED NO.

CITY OF BALTIMORE (No. ... St., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sadie Cubrer

(a) RESIDENCE No. 273 S. Robinson St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Samuel Horn

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Kendall

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Sadie Cubrer.

(Address) 273 S Robinson St

15 Filed ..... 19..... ROBERT R. KRAUTER, Registrar

FEB 22 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1925 to Feb 20 1925

that I last saw her alive on Feb 20 1925

and that death occurred, on the date stated above, at 9:00 Pm

The CAUSE OF DEATH* was as follows:

Sarcomatosis of peritoneal cavity - arising from mesentery of small intestine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion and Hypostatic pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/11/25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) E. E. Rogers, M. D.

19 (Address) England Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb. 23 1925
20 UNDERTAKER	ADDRESS
Margaret A. Flynn	1422 Light St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—t2-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE, 001

95517 100 B 95517

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 E. Gittings St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gordon Joe Alison

(a) Residence No. 403 E. Gittings St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6-DATE OF BIRTH (month, day and year): Jan. 22, 1923

7-AGE: 2 yrs. mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: Robert Alison

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto, Md.

12-MAIDEN NAME OF MOTHER: Mary Young

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto, Md.

14-

(Informant): Robert Alison

(Address): 403 E. Gittings St.

15-

FEB 22 1925

ROBERT R. KRAUTER
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 20-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1925 to Feb 20 1925

that I last saw him alive on Feb 20 1925

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Acute Otitis media

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell M. D.

2/21, 1925 (Address) 1224 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Feb. 23 1925

20-UNDERTAKER: Margaret A. Flynn ADDRESS: 1422 Light St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

95518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95518

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1544 Latrobe Park Texas Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry Unger

(a) Residence No. 1544 Latrobe Park Texas Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Unger

6-DATE OF BIRTH (month, day and year) April 11 1857

7-AGE, 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Labor

(b) General nature of industry, business, or establishment in which employed (or employer)... Davison Chemical Co.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.

12-MAIDEN NAME OF MOTHER, Elz. Happel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Henry Unger

(Address) 1544 Latrobe Pk Texas.

15-

Filed ..... 192.. Registrar.

FEB 22 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 19-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 7-1925 19.. to Feb 19 19 25

that I last saw him alive on Feb 19 19 25

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

about

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Hirschbach M. D.

, 19 (Address) 1412 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Dale Ave. DATE OF BURIAL, 2/28/25 19....

20-UNDERTAKER, Margaret G Flynn ADDRESS 1422 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 D 95519

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 429 N. Fremont St. St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Carrie Johnson

(Residence in Baltimore: No. 429 N Fremont St St.; yrs. 44 mos. 10 ds.)

A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: unknown. (Month) (Day) 1902 (Year)

7-AGE: 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country): Chestertown Md.

PARENTS.

10-NAME OF FATHER: Geo. Bessie.

11-BIRTHPLACE OF FATHER, (State or Country): Chestertown Md

12-MAIDEN NAME OF MOTHER: Lizzie Ashley

13-BIRTHPLACE OF MOTHER, (State or Country): Chestertown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Gray.

(Address) 769 Vine St.

15-

FEB 23 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H K Tonnelle M. D. (Coroner)

2-20 1925 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Miss. DATE OF BURIAL: Feb 23 1925

20-UNDERTAKER: Leonard M Hall ADDRESS 613 Saratoga St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95520

CERTIFICATE OF DEATH.

D 95520

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 S 12th ST. 26-7 WARD)

REGISTERED NO. 181-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Prkna

(a) RESIDENCE No. 400 S 12th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Prkna

6 DATE OF BIRTH (month, day, and year) Sept 24-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 0 $0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Prkna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Wm J. Prkna — (Address) 400 S 12th St

15 FEB 23 1925 ALBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurymen (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by Illuminating Gas accident

(duration) ..... yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. mos. ds.

(Signed) James M Hanlon, M. D. (Coroner.)

Feb 20 1925 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL 2/23 1925

20 UNDERTAKER J. E. Moran ADDRESS 3000 E. Baltimore

MUST BE WRITTEN IN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95521

CERTIFICATE OF DEATH.

4-001

95521

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Pennington ST., 24 WARD)

2-FULL NAME Michael Culley

(a) RESIDENCE NO. 1429 Pennington ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Williams

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationery

(b) General nature of Industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer 030

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Dudley Culley

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Annie Culley

(Address) 1429 Pennington

15 Filed FEB 23 1925 19 ROBERT R. KRAMER Registrar

Assistant Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 21, 1925.

that I last saw him alive on Feb 21, 1925.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Mueller M. D.

2/23, 1925 (Address) 1429 Pennington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL 2/24/25

20 UNDERTAKER J. J. Fahey & Son

ADDRESS 1315 Light St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

B 95522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 95522

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1456 Riverside Av ST., 24 WARD)

2-FULL NAME Gerald L. Whipp.

(a) RESIDENCE NO. 1456 Riverside Ave ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/6/25

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER C. F. Whipp

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Pennington

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Helen Whipp
(Address) 1456 Riverside Ave

15 FEB 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/6/25, 19..., to 2/22, 1925
that I last saw him alive on 2/22, 1925
and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) acute Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) James L Brown M. D.

, 19 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL 2/25/25

20 UNDERTAKER J. D. Talley & Sons ADDRESS 1319 Light St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-13 H. B. Co.—1000 Bks.

D 95523

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1519 Battery ave St. 94 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Paddon

(a) RESIDENCE. No. 1519 Battery ave St. 94 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a ~~If married, widowed, or divorced~~ ~~HUSBAND~~ of ~~or~~ WIFE of Patrick Paddon

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Paddon

(Address) 1519 Battery ave

15 Filed FEB 23 1925, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 22. 1925

17 I HEREBY CERTIFY, That I attended deceased from 12. 1. 1924, to 2. 22 1925, that I last saw her alive on 2. 21 1925, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Howard Holmes, M. D.

2 mo 21. 19 (Address) 107 E mess st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 2/25 19 25

20 UNDERTAKER Wm J Tolen & Sons

ADDRESS 1386 Eighth

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95524

CERTIFICATE OF DEATH.

D 95524

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Roland Ave ST.; 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ed Smith Tabb

(Residence in Baltimore: No. 3714 Roland Ave St.; 27 yrs., - mos. 15 da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: November 24, 1848 (Month) (Day) (Year)

7-AGE: 77 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 31
(b) General nature of industry, business, or establishment in which employed (or employer): Machinist Ship

9-BIRTHPLACE, (State or Country): Baltimore County

PARENTS.

10-NAME OF FATHER: William Tabb

11-BIRTHPLACE OF FATHER (State or Country): Baltimore County

12-MAIDEN NAME OF MOTHER: Mary Ann Morford

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. E. Tabb

(Address) 4022 Baronne St

15- FEB 23 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 19, 1924, to February 22 1925, that I saw h[illegible] alive on February 22, 1925, and that death occurred, on the date stated above, at 1.10 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas and Hepatic

(Duration) 2 mos. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) yrs. mos. ds.

(Signed) Edw. Jandorf M. D.

Feb. 22, 1925. (Address) 1 W Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mary's Woodlawn — DATE OF BURIAL: Feb 24, 1925

20-UNDERTAKER: A S Marshall — ADDRESS: 3539 Fall Road

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95525 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

D 95525

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. Broadway & Fairmount Ave. St., 6-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie Byrnes

(a) Residence No. Church Home & Infirmary St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence B. Byrne

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 87 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Cambridge, Md

PARENTS

10-NAME OF FATHER. Benjamin Woodward

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Emily Keene

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Miss A. Woodward Rogers

(Address) 3420 Eldorado Ave

15-

Filed ..... 192.... ROBERT R. KRAUTER Registrar.

FEB 23 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/21/25

17- I HEREBY CERTIFY, That I attended deceased (from Feb 13 1925 to Feb 21 1925

that I last saw her alive on Feb 21 1925

and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Myocarditis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. W. Saunders M. D

, 19 (Address) Church Home & Infirmary Balto

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	2/23 1925
20-UNDERTAKER. H. W. Means & Son	ADDRESS 805 N. Calvert St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95526

D 95526 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 434 E. Lafayette Ave Ward 17-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Jefferson Lathroum

(a) Residence No. 434 E. Lafayette Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Lathroum

6-DATE OF BIRTH (month, day and year) May 24 1861

7-AGE. 63 yrs. 9 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Deputy Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Internal Revenue

(c) Name of employer U. S. Government

9-BIRTHPLACE (city or town) (State or Country), Ft. Mayo Co Ohio

PARENTS.

10-NAME OF FATHER, Leo Lathroum

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ft. Mayo Co Ohio

12-MAIDEN NAME OF MOTHER, Margaret Feldman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ft Mayo Co Ohio

14- (Informant) Addie Lathroum

(Address) 434 E. Lafayette Ave

15- Filed FEB 24 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 22-1925

17- I HEREBY CERTIFY, That I attended deceased from February 1st 1924 to February 22d 1925 that I last saw h[illegible] alive on February 22d 1925 and that death occurred, on the date stated above, at 11.40P m. The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? At place of dead

Did an operation precede death? No Date of

Was there an autopsy? Yes Feb 22-1925

What was confirmed diagnosis? X Ray & Blood analysis Post mortem

(Signed) P. E. Lilly M. D.

Feb 23. 1925 (Address) 501 E. Eutaw

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL. 2/25 1925

20-UNDERTAKER. J Henry W Meairs Son — ADDRESS 505 N Calvert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95527 — 100-001 — B 95527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 2000 Druid Hill Ave St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ellwood J. F. Floyd

(Residence in Baltimore: No. 2000 Druid Hill ave St.; yrs. ..... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. Jan. 31, 1925 (Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. ..... none
(b) General nature of industry, business, or establishment in which employed (or employer). .....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Ed. J. Floyd

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Nelva Wicks

13-BIRTHPLACE OF MOTHER, (State or Country). N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nelva Floyd

(Address) 2000 Druid Hill Ave.

15- FEB 23 1925 Filed ..... 192.... Robert R. Knauth, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 21 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiring (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Feb. 24, 1925 (Address) 2502 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	Feb 23, 1925
20-UNDERTAKER.	ADDRESS
Mrs. Katie R. Williams	322 N. Schroeder St.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-1 100-001 D 95528

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 156 Calvin St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearle Smith

(a) Residence No. 156 Calvin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, ~~Single~~ Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 26-24

7-AGE. ....yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mathew Smith

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Va

12-MAIDEN NAME OF MOTHER, Ida Pollock

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Va

14- (Informant) Ida Pollock

Address 156 Calvin

15- FEB 23 1925

Filed..... 192.... MUELLER R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 21 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1925 to Feb 21 1925

that I last saw h. m alive on Feb 21 1925

and that death occurred, on the date stated above, at 2.20 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W Clyde Purvis M. D.

2-22-25 (Address) 2017 E 32

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Asbury cemetery	Feb 23 1925

20-UNDERTAKER.	ADDRESS
Edward Bryan	1631 Orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95529

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95529

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5508 Reisterstown Rd ST.) (WARD 28-1)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert D. Marshall

(a) RESIDENCE. No. 5508 Reisterstown Rd WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of F A. Marshall

6 DATE OF BIRTH (month, day, and year) Jan 15 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John T. Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary Land

12 MAIDEN NAME OF MOTHER Lydia Marrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

11 Informant (Address) Mrs Freda E Marshall 5508 Reisterstown Rd

15 Filed FEB 23 1925 16 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1924, to Feb. 23, 1925, that I last saw him alive on Feb. 20, 1925, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. E. Martin, M. D.

2-24, 1925 (Address) Randallstown Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Paran Cemetery	Feb 23 1925
20 UNDERTAKER James A Jones	ADDRESS 1214 Linden Ave Balto, Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-3

D 95530 Registered No.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Susie Helbing

(a) Residence No. 2921 Hudson St St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug 13/1916

7-AGE. 8 yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country) City

PARENTS.

10-NAME OF FATHER, John Helbing

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Md.

12-MAIDEN NAME OF MOTHER, Susie Williams

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country) Md.

14- (Informant) John Helbing

(Address) 2921 Hudson

15-

Filed ..... 192 ..... ROBERT R. KRETZER, Registrar.

FEB 23 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb, 17th 1925 to Feb; 20th 1925

that I last saw h.. alive on Feb. 20th 1925

and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis Acute

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Peritonitis General

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death? 2921 Hudson St. City

Did an operation precede death? Yes Date of Feb. 17, 1925

Was there an autopsy? Permission not granted

What test confirmed diagnosis?

(Signed) F. W. Wright M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Carmel	2/23 1925
20-UNDERTAKER, Philip Hennig	ADDRESS 2016 Orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95531

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95531

CERTIFICATE OF DEATH.

156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Penhurst Ave. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward R. Maasch

(a) RESIDENCE NO. 4209 Penhurst ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna E. Maasch

6 DATE OF BIRTH (month, day, and year) Sept 28/53

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Theo. E. Maasch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Anna M.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Anna E. Maasch

(Address) 4209 Penhurst ave

15 FEB 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/19 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1924, to Feb 19, 1925.

that I last saw him alive on Feb 19, 1924.

and that death occurred, on the date stated above, at 8 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Beard M. D.

2/21, 1925 (Address) 4907 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	2/23 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95532

CERTIFICATE OF DEATH.

20 D 95532

21-2

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Phillips.(C)

(a) RESIDENCE NO 1223 Bayard St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

5a If married, widowed or divorced HUSBAND of Mollie Phillips.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Weyerheuser Timber Co.

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER William R.Phillips.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Metta Spelman.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant William R.Phillips.(C) father.
(Address) Gold St.Norfolk.Va.

15 Filed ... 192 ... Registrar

FEB 23 1925 ... Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February, 19, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Crushed about the body. Internal injuries. Accidentally caught under falling lumber.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

Feb. 22nd. 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
Accident at Weyerheuser Timber Co.
Fairfield, Feb. 19. 1925.

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Norfolk Va	2-23-1925
20 UNDERTAKER Dan Kaplan	ADDRESS 946 Balto

IMPORTANT. This CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD.

Cor.—1-12-23—M&T—100 Bks.

D 95533

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95533

CERTIFICATE OF DEATH.

17-83

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Elliott Smith Roberts
w. 7. R.

(a) RESIDENCE NO. 5 6 W Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Roberts

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26 yrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 037

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Page Elliott

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Tennant

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Howard Smith
(Address) 5 6 W Preston

15 Filed ..... 192 ROBERT R. KRAUTH
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ... death
on the day stated above.
The CAUSE OF DEATH* was as follows:

Gun shot wound of chest.

1 day (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
(Coroner.)
Feb 20, 192 5 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashburn Mem	2-23 1925
20 UNDERTAKER Dan'l Easton	ADDRESS 916 Ga.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-129

D 95534

1-PLACE OF DEATH Hebrew aged Home Registered No.

City of BALTIMORE: (No. 115 aisquith St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David J. Dorsay

(a) Residence No. 115 aisquith Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, W

5-~~Single, Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Dorsay

6-DATE OF BIRTH (month, day and year) June 15-1854

7-AGE. 70 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Jacob Dorsay

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER Fanny Lerches

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Mrs. D. J. Dorsay

(Address) Trenton N.J.

FEB 23 1925 Filed ..... 19.. ROBERT H. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-22-25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1925 to Feb. 22 1925.

that I last saw h.. alive on Feb. 22 1925

and that death occurred, on the date stated above, at 11309 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic Nephritis

(Duration) 1 yrs. mos. ds

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. 2 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Baylin M. D

2 Yrs. 1925 (Address) 26 So. Paca St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Friendship DATE OF BURIAL. 2-23, 1925

20-UNDERTAKER. East Lewis ADDRESS 1439 E. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95535

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 95535

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Evelyn Shore ST. Curtis Bay WARD) 25-17

2-FULL NAME Emma F. Scheffshe

(a) RESIDENCE No. Evelyn Shore ST. do WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Infant

6 DATE OF BIRTH (month, day, and year) June 5-1924

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or min.
		8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Lew Scheffshe

11 BIRTHPLACE OF FATHER (city or town) Baltimore. (State or country)

12 MAIDEN NAME OF MOTHER Beatrice Lewis

13 BIRTHPLACE OF MOTHER (city or town) Ga. (State or country)

14 Informant Evelyn Lewis. (Address) Evelyn Shore

15 Filed FEB 23 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1925, to Feb. 22, 1925,

that I last saw h[illegible] alive on Feb. 20, 1925

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm. [illegible] M. D.

Feb. 25, 1925 (Address) 810 - Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marley Cemetery. A.A.Co. Md. DATE OF BURIAL Feb. 23 1925

20 UNDERTAKER George A. Schmidt ADDRESS 2101 Eutaw Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DESIRED FOR BINDING

D 95536

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95536

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Bay View Hospital St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Koch

(Residence in Baltimore: No. Fair Lawn Gold Rd St.; yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
mal	white	Married

6-DATE OF BIRTH. Oct (Month) 20 (Day) 1878 (Year)

7-AGE. 46 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. machinist
(b) General nature of Industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Koch

11-BIRTHPLACE OF FATHER, (State or Country) Germany

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Koch

(Address) 5019 Eastern Ave

15-

Filed FEB 23 1925 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound in abdomen Punctured viscera Self Inflicted Wilful Deliberate (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Duration) 1 yrs. 7 mos. ds.

(Signed) James M. Fenton M. D. (Coroner.)

192.. (Address) 7 W Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Fair Lawn Balto Co

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Schwartz Cem	Feb 23 1925

20-UNDERTAKER.	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95537 — 61-007

REGISTERED NO. D 95537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital No. 1 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Waggner

(a) RESIDENCE No. 307 S. 12th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Kenneth Waggner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Blanche Hand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Blanche Waggner. (Address) 307 S. 12th St.

15 Filed FEB 23 1925 MURRAY A. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-17, 1925, to 2-21, 1925, that I last saw h[illegible] alive on 2-21, 1925, and that death occurred, on the date stated above, at 10 40 P m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Alexander Mossy, M. D.

2/22, 19 25 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Feb. 23 1925
20 UNDERTAKER	ADDRESS
Tilly & Zirkin	403 S. Wolfe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95538

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. Ward) 27-3

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett F. Lubury

(Residence in Baltimore: No. 4807 Hamilton Ave St.; yrs. 54 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: about (Month) (Day) 1866 (Year)

7-AGE: 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): N. Y.

PARENTS:

10-NAME OF FATHER: Geo. F. Fairman

11-BIRTHPLACE OF FATHER, (State or Country): N. Y.

12-MAIDEN NAME OF MOTHER: Frances Rick

13-BIRTHPLACE OF MOTHER, (State or Country): N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellsworth F. Lubury

(Address) 4807 Hamilton Ave.

15-

Filed FEB 23 1925 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. 21, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ovarian Cyst.

(Duration) 2 yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Feb 27 1925 (Address) 2822 Eastern Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 24 1925
20-UNDERTAKER. George J. Smith	ADDRESS 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95539 95539

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE, (No. 3053 W. North Ave St. 15 74 Ward

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. McCoy

(a) Residence No. 3053 W. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced, ~~HUSBAND of (or)~~ WIFE of Robert E. L. McCoy

6-DATE OF BIRTH (month, day and year) Aug 2-1866

7-AGE. 58 yrs. 6 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Lynchburg Va

PARENTS.

10-NAME OF FATHER. Edward Corrigan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Anne Powers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Robert E. L. McCoy

(Address) 3053 W. North Ave

15-

Filed....., 192.....

ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 21-25

17. I HEREBY CERTIFY, That I attended deceased from March 1 1923 to Feb 21 1925, that I last saw her alive on Feb 21 1925, and that death occurred, on the date stated above, at 1-50 A. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(Duration) 12 hours ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) Over 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Coe M. D.

Feb 21-1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Feb 24 1925
20-UNDERTAKER.	ADDRESS
George J. Smith	153 Hollins St

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec- 12-23-21- E.B.R.S.—400 Blks.

D 95540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 95540

1-PLACE OF DEATH

City of BALTIMORE: (No. 2313 Allendale Road St., 12-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter A. Stainiker

(a) Residence No. 2313 Allendale Road St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Agnes G Stainiker

6-DATE OF BIRTH (month, day and year) July 14 1884

7-AGE. 40 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Accountant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Phila. Pa.

PARENTS.

10-NAME OF FATHER. Joseph P. Stainiker

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Phila. Pa.

12-MAIDEN NAME OF MOTHER. Isabella Parry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Pa.

14- (Informant) Mrs Agnes G Stainiker

(Address) 2313 Allendale Road

15-

Filed FEB 23 1925 Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 21 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1925 to Feb 21 1925 that I last saw h~~e~~ alive on Feb 21 1925 and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 8 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Niblett M. D.

Feb 24 1925 (Address) 2220 Garrison Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Balto. Pa. DATE OF BURIAL. Feb 25 1925

20-UNDERTAKER. Sperry Stone Son ADDRESS 134 E Eager

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 95541

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95541

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1653 E. Eager St ST., 10-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Alexander Brandau

(a) RESIDENCE NO. 924 N. Caroline St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta J. Brandau

6 DATE OF BIRTH (month, day, and year) Sept 2[illegible]-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supt. for
(b) General nature of industry, business, or establishment in which employed (or employer) Bready Bros.
(c) Name of employer Builders

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Otto Brandau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hitchcock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Augusta J. Brandau
(Address) 924 N. Caroline St

FEB 23 1925

[illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Probably Valvular)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Rheumatism (duration) yrs. mos. ds.

(Signed) J. S. H. Wallen, M. D.
(Coroner.)

2-21-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery — DATE OF BURIAL Feb 28 1925

20 UNDERTAKER Henry Hoen & Son — ADDRESS 130 E. Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Pks.

95542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95542

1-PLACE OF DEATH St. Joseph's Hospital 10-2 Registered No.

City of BALTIMORE. (No. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Rama

(a) Residence No. 918 N. Eutaw St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of Michael L. Rama

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE. 36 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Adopted Mr. Hoffman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not Known

14- (Informant) Mrs. Michael L. Rama

(Address) 918 N. Eutaw St.

15- FEB 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-22-25

17. I HEREBY CERTIFY, That I attended deceased from 2-16-25 19.. to 2-22-25

that I last saw her alive on 2-22-25

and that death occurred, on the date stated above, at 10 55 M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Peritonitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cholecystitis - Adhesions

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Cholecystectomy Date of 2-17-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Geo. B. Sythent M. D.

, 19 (Address) St Jos. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery — DATE OF BURIAL. Feby 26 19 25

20-UNDERTAKER. Henry Hoerdt Son — ADDRESS 1301 E Eager St

IMPORTANT—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95543

1-PLACE OF DEATH

City of BALTIMORE: (No. 1703 E Oliver St. St., 8-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva W. Kriester

(a) Residence No. 1703 E. Oliver St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? 43 yrs. — Mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. H. Kriester

6-DATE OF BIRTH (month, day and year) Dec. 6 1872

7-AGE. 52 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Fleckenstein

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Pfaff

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Wm. H. Kriester

(Address) 1703 E. Oliver St.

15- Filed FEB 23 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 21 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1925 to Feb 21 1925 that I last saw h[illegible] alive on Feb 21 1925 and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Insufficiency

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

2/21, 1925 (Signed) John D. Ford M. D.

(Address) 936 Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb 25 1925

20-UNDERTAKER, Kenny Worth Son — ADDRESS 1301 E Eager St

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95544 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95544

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 939 S Kenwood Ave St., 1-4 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Dowdy (Dowdy)

(Residence in Baltimore: No. 939 S. Kenwood St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Female

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: Feb (Month) 20 (Day) 1925 (Year)

7-AGE: ...yrs. ...mos. 1 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Charles Dowdy

11-BIRTHPLACE OF FATHER, (State or Country): Norfolk Va

12-MAIDEN NAME OF MOTHER: Ida Rines

13-BIRTHPLACE OF MOTHER, (State or Country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Remy

(Address) 939 S Kenwood

15-

Filed ... 192...

FEB 23 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb (Month) 21 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth
Stillborn 6 or 7 mos
Convulsions

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) (Convulsions)

(Duration) ...yrs. ...mos. ...ds.

(Signed) James M Fenton M. D. (Coroner.)

Feb 22 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity — DATE OF BURIAL: Feb 23, 1925

20-UNDERTAKER: Wm Work — ADDRESS: 502 E Monument

Spec.—1-10-21—M&T—1500 Bks.

B 95545

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Yosemite ave St., 15-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Leland

(a) RESIDENCE NO. 3713 Yosemite ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) March 23-1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Aberdeen
(State or country) Harford Co. Md

PARENTS

10 NAME OF FATHER John Greenland

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER E. Wilkinson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Harford Co. Md

14 Informant Myrtle M. Leland
(Address) 3713 Yosemite ave

15 Filed FEB 23 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 10" 1924 to Feb 21" 1925.

that I last saw her alive on Feb 20" 1925.

and that death occurred, on the date stated above, at 3 10 a m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 30 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Lloyd Knudson M. D.

Feb 22 1925 (Address) 111 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb 23 1925
20 UNDERTAKER	ADDRESS
Henry Fanning & Sons	Aberdeen Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

94-802

FILM

TYPE

Form 1903 M&T 1500 Bks.

95546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95546

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 4-3 St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Boettinghaimer BOETTIGHEIMER

(a) RESIDENCE NO. 356 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Eliz. Boettinghaimer

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 045

(b) General nature of industry, business, or establishment in which employed (or employer) Store Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Wife Eliz Boettinghaimer

(Address) 356 N Calvert St

15 FEB 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/25

17

I HEREBY CERTIFY, That I attended deceased from 2/19/25, 19, to 2/21/25, 19, that I last saw h alive on 2/21/25, 19, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

Arteria-Sclerosis

Hypertension (Cardiac)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Colbert M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Va Falls

DATE OF BURIAL 2-24 1925

20 UNDERTAKER Ehrb Harle

ADDRESS 115 E Lexington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

S·A·F·E

D A K

Spec.—1-10-21—M&T—1500 Bks.

D 95547

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95547

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Roland & Melrose Ave ST., 47-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Douglas Foster

(a) RESIDENCE NO. Roland & Melrose Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crowell Foster

6 DATE OF BIRTH (month, day, and year) Nov 28, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Transportation

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired (15 yrs) Cold Spring N.J.

9 BIRTHPLACE (city or town) (State or country) N.J.

PARENTS

10 NAME OF FATHER Downes E. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.J.

12 MAIDEN NAME OF MOTHER Anne Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.J.

14 Informant Mrs. R. D. Foster

(Address) Roland & Melrose Ave.

15 Filed FEB 23 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 1925 to Feb 22 1925, that I last saw h alive on Feb 22 1925, and that death occurred, on the date stated above, at 10.15P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis and Cerebral Coma

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. C. Smith M. D.

(Address) 4209 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cold Spring N.J. DATE OF BURIAL Feb. 24 25

20 UNDERTAKER Wm. Tucker & Sons ADDRESS Mt. Holly N.J.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-1 18 V

D 95548

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Clinton St. & 3d ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore H. Rohde

(Residence in Baltimore: No. 2318 Mayfield Av Strs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Sept (Month) 18 (Day) 1874 (Year)

7-AGE: 50 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: shipbuilder
(b) General nature of industry, business, or establishment in which employed (or employer): Rohde Shipyard

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Charles L Rohde

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Agnes M Walsh

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Rohde

(Address) 2318 mayfield av

15- FEB 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

Filed ..... 192.....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found in Harbor missing since Feb 20 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

Support to fall on Dry Dock 7 this Shipyard

(Duration) ..... yrs. ..... mos. Sudden ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton (Coroner) M. D.

Feb 22 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb. 23 1925

20-UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Fleet St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95549 — 90 — D 95549

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 N. Washington St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth K. Bornhorn

(a) Residence No. 931 N. Washington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: August

6-DATE OF BIRTH (month, day and year): Sept 16, 1856

7-AGE: 68 yrs. 5 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Joseph Breoring

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-

(Informant): Henry Bornhorn

(Address): 931 N. Washington st

15-

Filed FEB 23 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from 2—1 19 25 to 2—21 19 25

that I last saw h[illegible] alive on 2—20 19 25

and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Ureteral Pyelonephritis

Chronic Rheumatic Arthritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Findings

(Signed) Nels Burgess M. D.

2—21, 19 25 (Address) 600 N. Eutaw St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Feb. 24, 1925

20-UNDERTAKER: Zirkler & Zirkler — ADDRESS: 1739 Eager st

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95550

D 95550

CERTIFICATE OF DEATH.

16-7 129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 818 N. Parrish St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Cecelia Ann Spriggs

(a) Residence No. 818 N. Parrish St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Negro	Wid.

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of William H. Spriggs

6-DATE OF BIRTH (month, day and year) ? ? 1854

7-AGE.	If LESS than 1 day,
71 yrs. ? mos. ? ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country)..... Baltimore Md.

PARENTS.

10-NAME OF FATHER, Robert Trott

11-BIRTHPLACE OF FATHER (city or town) (State or Country)..... Md.

12-MAIDEN NAME OF MOTHER, Cecelia Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country)..... Md.

14- (Informant) Mary E. Spriggs (Daughter)

(Address) 818 N. Parrish St.

15- Filed..... 192.. ROBERT R. KRAUSE Registrar.

FEB 23 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 21 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18th. 1925 to Feb. 21st. 1925.

that I last saw her alive on Feb. 21st. 1925

and that death occurred, on the date stated above, at 8, 15p. m.

The CAUSE OF DEATH* was as follows:

Ch. Interstial Nephritis

Mitral Ins.

(Duration) 1 yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) Unable to say which cond. was primary

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1618 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetery

DATE OF BURIAL, Feb. 24, 1925

20-UNDERTAKER. Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

95551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 D 95551

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Valley ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Carnady Carmody

(a) RESIDENCE NO. 1223 Valley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Patrick J. McNamara

(Address) 1223 Valley

15 Filed ..... 19 ..... ROBERT A. CARTER, Asst. Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-17-25. 19 . to 2-21 . 19 25.

that I last saw h alive on 2-20 19 25.

and that death occurred, on the date stated above, at 6-20 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard West M. D.

2-22. 1925 (Address) 914 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 24 1925
20 UNDERTAKER	ADDRESS
H. C. Wiedefeld	914 Greenmount Ave

INFORMANT: WITH ENGRAVING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95552

CERTIFICATE OF DEATH.

74-001

D 95552

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1338 (St.) Sargent (Ward) 21-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Slivecky

(a) RESIDENCE No. 1338 Sargent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Slivecky

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE Years 67 Months Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Austria (State or country)

PARENTS

10 NAME OF FATHER John Slivecky

11 BIRTHPLACE OF FATHER (city or town) Austria (State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Austria (State or country)

14 Informant Joseph Slivecky Jr (Address) 1338 Sargent St

15 FEB 23 1925

ROBERT H. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 7 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/10, 1925, to 2/21, 1925.

that I last saw he alive on 2/21/25, 19

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles Bacci M. D.

19 (Address) 227 Monument E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Feby 24 1925

20 UNDERTAKER Chas. J. Turner Inc

ADDRESS 1962 Gay

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 D 95553

1-PLACE OF DEATH

City of BALTIMORE: (No. 1419 N. Fayette St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Glorosio

(a) Residence No. 1419 N. Fayette St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 12 1925

7-AGE. .....yrs. .....mos. 10 ds. If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore Md
(State or Country)

PARENTS.

10-NAME OF FATHER, Salvatore Glorosio

11-BIRTHPLACE OF FATHER (city or town) Italy
(State or Country)

12-MAIDEN NAME OF MOTHER, Katie Brogado

13-BIRTHPLACE OF MOTHER (city or town) Italy
(State or Country)

11- (Informant) Salvatore Glorosio

(Address) 1419 W Lafayette St

15-

Filed FEB 23 1925 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12 1925 to Feb 22 1925

that I last saw h[illegible] alive on Feb 22 1925

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

.....

.....

.....

.....(Duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) Heart Failure

.....(Duration) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John J. Conn M. D

, 19 (Address) 963 N. Calvert St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral Cem	2/23 1925
20-UNDERTAKER.	ADDRESS.
George J Ruth	1730 Harford Ave

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95554

100 D 95554

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Carey ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Woodrow Wilson

(a) RESIDENCE NO. 813 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/21/25

7 AGE Years | Months 1 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Franklin Wilson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Nellie Heywood

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Franklin Wilson (Address) 813 Carey

15 Filed FEB 23 1925, 19 ROBERT H. KRAMER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/19/ ,1925, to 2/21/ ,1925, that I last saw him alive on 2/21/ ,1925, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (Primary)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. M. Taylor Kline M. D.

2/22/ 1925 (Address) 917 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

20 UNDERTAKER Jno. M. Johnson

DATE OF BURIAL Feb 23 1925

ADDRESS 1509 Druid Hill Ave

Name should be stated EXACTLY. PHYSICIANS should state AGE carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95555 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-001 D 95555

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4220 Harford Ave ST., 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Redmond

(a) RESIDENCE NO. 4220 Harford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 22 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John J. Redmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Miriam Scholten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant John J. Redmond Father

(Address) 4220 Harford Ave

FEB 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1925, to Feb 23, 1925, that I last saw him alive on Feb 23, 1925, and that death occurred, on the date stated above, at 1 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(5½ months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L. L. Gordy, M. D.

2-23 1925 (Address) 418 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery — DATE OF BURIAL Feb 23 1925.

20 UNDERTAKER Richard F. Curley — ADDRESS 1108 Guilford ave.

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95556

CERTIFICATE OF DEATH.

90

D 95556 Registered No.

1-PLACE OF DEATH

City of BALTIMORE. (No. 1038 Valley St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A Long

(a) Residence No. 1038 Valley St, Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 17, 1907

7-AGE. 17 yrs. 3 mos. 4 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. William C. Long

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Co Md.

12-MAIDEN NAME OF MOTHER. Margaret Stafford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Father Wm C. Long

(Address) 1038 Valley St

15- FEB 23 1925 ROBERT E. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1924 to Feb 21 1925

that I last saw him alive on Feb 25 1925

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis

following Septic Otitis Media

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Otitis media

(Duration) yrs. 11 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 1924

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) James M Fenlon M. D.

2-27, 1925 (Address) 700 E Chase

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL. Feb 24 1925

20-UNDERTAKER. Edmund W. Conklin — ADDRESS 924 E Eager St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95557

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95557

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 4-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma J. Shaulsbury

(a) Residence No. Ridgely Md St., Ward. Ridgely Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lycurgus

6-DATE OF BIRTH (month, day and year) March 19 1922

7-AGE. 2 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Albert O. Saulsbury

11-BIRTHPLACE OF FATHER (city or town)..... Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Helen Forquer

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14-

(Informant) Mrs. Pearl Record

(Address).....

FEB 23 1925

15- [illegible] B. KRAUTER,

(Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/23/25

17- I HEREBY CERTIFY, That I attended deceased from 2/17/25 19.. to 2/23/25 19..

that I last saw h.. alive on 2/23/25 19..

and that death occurred, on the date stated above, at 12.20 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Primary cause or Antecedent)

.....(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY
(Secondary)

.....(Duration) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Talley, M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. John O. Mitchell

DATE OF BURIAL. Feby 24th 25

UNDERTAKER, Ridgely Md

ADDRESS 1201 N. Fayette St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 38

D 95558

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat ST. 38th-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Cole

(a) RESIDENCE NO. Mount Hope Retreat ST. 38th WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Mr Cole — Widowed

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
+	49	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

PARENTS

10 NAME OF FATHER D. C. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va

12 MAIDEN NAME OF MOTHER A. C. Bamberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk Va

14 Informant Records of Mt Hope Retreat (Address) Baltimore Md

15 Filed FEB 23 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1925, to Feb 23, 1925,

that I last saw her alive on Feb 22, 1925,

and that death occurred, on the date stated above, at 12:45 a. m.

The CAUSE OF DEATH* was as follows:

Paresis - (Luetic)

Cbt (duration) 0 yrs. 4 (?) mos 0 ds.

CONTRIBUTORY (Secondary) Paretic Psychosis.

Cbt (duration) 0 yrs. 4 mos. 0 ds.

18 Where was disease contracted if not at place of death? Norfolk Va (?)

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? W. Tests — Blood & Spinal

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Norfolk Va	2/27/ 1925
20 UNDERTAKER John J Fahey & Sons	ADDRESS 138 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. Every item of information is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95559

CERTIFICATE OF DEATH. 31

D 95559

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Winn

(a) RESIDENCE NO. 1215 High Alley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Booker Winn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Municipal Hospital Records (Address)

15 FEB 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-20, 1925 to 2-20 1925

that I last saw him alive on 2-20, 1925

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab

(Signed) Claude C. Dean, M. D.

2-20 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jaz V. a

DATE OF BURIAL Feb 23 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95560

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95560

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hospital ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Rogers Smith

(a) RESIDENCE No. 673 W. Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Smith

6 DATE OF BIRTH (month, day, and year): May 1895

7 AGE: Years 49; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Sarah Redmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant: Mrs. Jno. J. Murray

(Address) 1309 Fremont St

15 Filed ..... 19 .....

FEB 24 1925 ROBERT F. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2 - 23 - 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-21-1925, to 2-23-1925,

that I last saw her alive on 2-23-1925,

and that death occurred, on the date stated above, at 12.30 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. F. Penn M. D.

2-25-1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: Feb 25 1925

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light St

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95561

CERTIFICATE OF DEATH.

24-100-001

D 95561

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 117 E. Clement St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Wenger

(a) Residence No. 117 E. Clement St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 7 1904

7-AGE. ....yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Co. Md.

PARENTS.

10-NAME OF FATHER Henry Wenger

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER Bertha

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Calvert Co. Md.

14- (Informant) Henry Wenger

(Address) 117 E. Clement St.

15- Filed FEB 24 1925 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2. 22. 25.

17- I HEREBY CERTIFY, That I attended deceased from 2. 16. 25 19.... to 2. 22. 19 25.

that I last saw h[illegible] alive on 2. 21. 19 25.

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Norris M. D.

2.22.25 19 (Address) 107 E. west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill — DATE OF BURIAL. Feb. 24 1925

20-UNDERTAKER. M. Margaret J. Flynn — ADDRESS 1411 Light St.

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95562

CERTIFICATE OF DEATH.

21-188-003

D 95562

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon G. Schuessler.

(a) RESIDENCE No. 1029 Briscoe St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June. 1st. 1919.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	8	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER August Schuessler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Grace Maher.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant August Schuessler. (father)
(Address) 1029 Briscoe St.

15 Filed ..... 192 ..... Registrar

FEB 24 1925

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) February 20, 1925. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidebtally struck, knocked down and run over by an automobile while playing in the street.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner)

Feb. 22nd. 192 5 (Address) 1010 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
Accident Warner St near Cross. Feb. 20, 25.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	2/24/25 192
20 UNDERTAKER M. J. Flynn	ADDRESS 1411 Eutaw St

IMPORTANT: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

95563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 B 95563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 N Carey ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Orville Jackson

(a) RESIDENCE No. 1135 N Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	22	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 670

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa. (State or country)

PARENTS

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Charles Bruce (Address) 1135 N Carey St

15 FEB 24 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 23, 1925, that I last saw him alive on Feb 22, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey, M. D.

2/25, 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Windsor Carroll County Md

DATE OF BURIAL 2-24 1925

20 UNDERTAKER George T. A. Gibson

ADDRESS 1736 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓ D 95564

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Winchester St. ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Gunther

(a) RESIDENCE NO. 2812 Winchester St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William M. Gunther

6 DATE OF BIRTH (month, day, and year): Unknown 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Charles Zeigler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Zeigler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Albert Gunther

(Address): 1315 Linden Ave.

FEB 24 1925

[illegible] H. KRAUTER, Registrar

Marital Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 22 19 25

17 I HEREBY CERTIFY, That I attended deceased from Feb 18. 1925. to Feb 21. 1925.

that I last saw h-er alive on Feb 21. 1925.

and that death occurred, on the date stated above, at abt 1 a. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis with Hypertrophy of Heart

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical and Laboratory findings

(Signed) Jos. Zeigler M. D.

2/27 1925 (Address) 112 E Pleasant Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 2/24 1925

20 UNDERTAKER: Chas P. Graves & Son

ADDRESS: 118 West Royal Ave

NAME SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95565

CERTIFICATE OF DEATH.

49 D 95565

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas T. Didier

(a) RESIDENCE No. 1214 St. Paul ST., WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Didier

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Talbot Co (State or country) Md

PARENTS

10 NAME OF FATHER Henry D Didier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Fred. B. Didier (Address) 1214 St Paul St

Filed FEB 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25-1925

17

I HEREBY CERTIFY, That I attended deceased from 2-6-, 1925, to 2-25-, 1925,

that I last saw him alive on 2-25-, 1925

and that death occurred, on the date stated above, at 10:45 A m.

The CAUSE OF DEATH* was as follows:

General Lymphic Sarcomatosis

(Lymphic Sarcoma of Groin 1919)

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 1919 (3)

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. J. Parr, M. D.

2/25, 1925 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 25 1925

20 UNDERTAKER Wm J Gruckner Son

ADDRESS N Pa

Spec.—1-10-21—M&T—1500 Bks.

95566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95566

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Cascadale av ST., 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hartman

(a) RESIDENCE NO. 1224 Cascadale av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Hartman

6 DATE OF BIRTH (month, day, and year): Feb 16 1863

7 AGE: Years 62 Months 0 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Weyand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Gertrude Kluge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louis Hartman

(Address) 224 Cascadale av

15 Filed FEB 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16 1925 to Feb. 21 1925.

that I last saw h alive on Feb. 21 1925,

and that death occurred, on the date stated above, at 3 1 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1/ ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs mos. 3 D

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) R. Stuart M. D.

(Address) 516 Arch

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 24 1925

20 UNDERTAKER: Wm. E. Henderson & Son — ADDRESS: Northern

CAUSE OF DEATH is very important. See instructions on back of certificates. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. AGE should be properly classified.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95567

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95567

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1508 Clifton Av St., 13-5 Ward) Registered No. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances R. Evans.

(a) Residence No. 1508 Clifton St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White.

5-Single, Married, Widowed, or Divorced. (Write the word.): Married.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H Evans

6-DATE OF BIRTH (month, day and year): March 22-1859

7-AGE: 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Wash D C

PARENTS.

10-NAME OF FATHER: Frank Zimmerman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country):

14- (Informant) William H Evans

(Address) 1508 Clifton Av

15- Filed, 192 Registrar.

ROBERT B. KRAUTER, FEB 24 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1925 to Feb 22 1925-

that I last saw h alive on Feb 22 19

and that death occurred, on the date stated above, at 5.25 P M

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H C Adkins M. D.

(Address) 2757 W. Mont

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, Feb 24 1925
Baltimore	

20-UNDERTAKER	ADDRESS
John J Fields	220 W Lombard

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95568

CERTIFICATE OF DEATH.

118-001 D 95568

1-PLACE OF DEATH St. Joseph's Hospital — Registered No. 24-2

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard V. Voyce

(a) Residence No. 113 East Barney St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Sing

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 14 - 1901

7-AGE. 23 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R. R. Mach.
(b) General nature of industry, business, or establishment in which employed (or employer) Apprentice
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS

10-NAME OF FATHER, Thomas Voyce

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Amanda Moore

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14-
(Informant) Amanda Voyce
(Address) 113 E. Barney St.

15-
FEB 24 1925 — ROBERT A. KRAMER, Registrar.
Assistant Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 20 1925.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1925 to Feb. 20th 1925

that I last saw him alive on Feb. 20th, 19...

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia 2 wks
duration, — Post operative
complications.

(Duration) ... yrs. ... mos. ... ds

CONTRIBUTORY (Secondary) Inguinal Herniotomy

(Duration) ... yrs. ... mos. ... ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/7/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. M. Rhoades, M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cemetery — DATE OF BURIAL. Feb 2d 1925

20-UNDERTAKER, Fred W. Thomas & Son — ADDRESS 708 Druid Hill Ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95569

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95569

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 805 Woodward (St.) 21-3 (WARD)

2-FULL NAME Tony Hartmann

(a) RESIDENCE NO. 805 ST., Woodward WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or min.
	1.	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Thomas Hartmann

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Lucabell Tyson

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Thomas Hartmann

(Address) 805 Woodward St.

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

FEB 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23/25 19

17

I HEREBY CERTIFY, That I attended deceased from Feb 21/25, 19 ..., to Feb 23/25, 19 ...,

that I last saw him alive on Feb 23/25, 19 ...,

and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H B Kelly, M. D.

Feb 24 25 (Address) 1103 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL Feb 27 1925

20 UNDERTAKER Fred A Frankenberg — ADDRESS 703 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.-1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95570

CERTIFICATE OF DEATH.

95570

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 W. Franklin ST., 17-3 WARD)

2-FULL NAME Cosimo Carnaggia

(a) RESIDENCE NO. 536 W Franklin st. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Carnaggia

6 DATE OF BIRTH (month, day, and year) Dec 16 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer 045

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Emanuel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Maria

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Stella Carnaggia
(Address) 536 W. Franklin st

15 Filed ..... 19..... Registrar

FEB 24 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22-1925

17 I HEREBY CERTIFY, That I attended deceased from 2-21-1925, to 2-22-1925, that I last saw him alive on 2-22-1925, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis
Arterio sclerosis with
Hypertention —

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia —

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) S. D'Amico M. D.

2-24 1925 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery.	2/25 1925
20 UNDERTAKER	ADDRESS
George J. Ruth.	1735 Dayton ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

95571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 D 95571

12-3

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Apartment 31st & St. Paul Streets St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna A. Levis

(a) Residence No. Hopkins Apartment 31st & St. Paul Streets St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Levis

6-DATE OF BIRTH (month, day and year): June 5, 1861

7-AGE: 63 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of Industry, Business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town): Philadelphia
(State or Country): Pennsylvania

PARENTS.

10-NAME OF FATHER: Thornton Conrow

11-BIRTHPLACE OF FATHER (city or town), (State or Country): New Jersey

12-MAIDEN NAME OF MOTHER: Sarah Lippincott

13-BIRTHPLACE OF MOTHER (city or town), (State or Country): New Jersey

14- (Informant): Charles Levis
(Address): Hopkins Apartments

15- FEB 24 1925 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 23, 1925

17. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1924, to Feb 23, 1925

that I last saw her alive on Feb 23, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Kidney

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct. 25 1924

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George M. Gehr M. D.

2-24, 1925 (Address) 2405 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa

DATE OF BURIAL: Feb 25 1925

20-UNDERTAKER: Joseph B. Cook

ADDRESS: 003 N Bethel St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95572

CERTIFICATE OF DEATH.

161-001

D 95572

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1305 Penna Ave St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Alvin Murray

(a) Residence No. 1305 Penna ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.)

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 22-1925

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 5 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town). Baltimore Md (State or Country),

PARENTS.

10-NAME OF FATHER, Thos H. Murray

11-BIRTHPLACE OF FATHER (city or town). Charleston (State or Country), W Va

12-MAIDEN NAME OF MOTHER, Isabell Johnson

13-BIRTHPLACE OF MOTHER (city or town). New Orleans (State or Country), La

11- (Informant) Thos H. Murray

(Address) 1305 Penna Ave

15- FILED FEB 24 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 22/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 19 25 to Feb 22 19 25

that I last saw him alive on Feb 22 19 25

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Premature Delivery

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) B Hatcher M. D

Feb 22, 1925 (Address) 1225 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem DATE OF BURIAL. 2/24 1925

20-UNDERTAKER Samuel Kennedy ADDRESS 1128 Edmondson Ave

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Write in plain terms, so that it may be properly classified.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95573

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95573

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Oxford ST. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm H. Jones

(a) RESIDENCE. No. 525 Oxford ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband Mildred Jones

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mildred Jones
(Address) 525 Oxford St

15 Filed . 19

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

FEB 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/15, 1925, to Feb. 20, 1925, that I last saw h[illegible] alive on Feb. 20, 1925, and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) John H. Thompson M. D.

. 19 (Address) 1019 Wash Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	Feb 24 1925

20 UNDERTAKER Samuel Mundey

ADDRESS 1158 N Eddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec- 12-23-21- E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95574 — 100-001 — D 95574

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3333 Elmley Emily Ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert David Keiner

(a) Residence No. 3333 Elmley Emily Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓ ✓ ✓

6-DATE OF BIRTH (month, day and year): Nov 22-1924

7-AGE: 3 yrs. mos. 1 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS:

10-NAME OF FATHER: John Keiner

11-BIRTHPLACE OF FATHER (City or town) (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Alice C. Roberts

13-BIRTHPLACE OF MOTHER (City or town) (State or Country): Baltimore

11-Informant: John Keiner

(Address) 3333 Emily Ave.

15-FILED: FEB 24 1925 ROBERT B. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 23 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 19 25 to Feb 20 19 25 that I last saw h[illegible] alive on Feb 23 19 25 and that death occurred, on the date stated above, at 5 P m. The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Allen B. Freeman M. D

Feb 23. 1925 (Address) 718 Mat Bank

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 2/24/25

20-UNDERTAKER: Chas. H. Evans & Son — ADDRESS: 1124 Mont Royal Ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Robert H. Hollman

D 95575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 95575

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. R. H. Hollman

(Residence in Baltimore: No. 316 Harwood St.; 60 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Mar'd

6-DATE OF BIRTH. Nov. 26 (Month) (Day) 1864 (Year)

7-AGE. 61 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Guard 062
(b) General nature of industry, business, or establishment in which employed (or employer). Penitentiary

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John Hollman

11-BIRTHPLACE OF FATHER, (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Margaret Kelly

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Hollman

(Address) 316 Harwood Ave.

Filed FEB 24 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 21 (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or ~~inquiry.~~) thereon and from the evidence obtained by said.....(Inquest, autopsy or ~~inquiry.~~) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

a few hrs

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Homicide

(Duration).....yrs.....mos.....ds.

(Signed) J. H. Jones M. D. (Coroner.)

2-23 1925 (Address) 107 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Baltimore DATE OF BURIAL. Feb 24 1925

20-UNDERTAKER. J. M. Cook ADDRESS 502 E. Fayette Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Wells. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

95576

1323 Argyle

CERTIFICATE OF DEATH.

101 D 95576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1323 Argyle~~ Wm H. Wells. ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm H. Wells.

(a) RESIDENCE. No. 1323 Argyle — ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed.

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Virginia wells

6 DATE OF BIRTH (month, day, and year) March 6, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) apt house

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) West river Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ——— ———

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Floyd. B. Wells 2016 Mace St

15 Filed FEB 24 1925 . 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21 19 25

17 I HEREBY CERTIFY, That I attended deceased from 2/16 . 19 25 . to 2/21 . 19 25 .

that I last saw h~~er~~ alive on 2/21 . 19 25

and that death occurred, on the date stated above, at 5-~~45~~ p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj Slutz, M. D.

2/23 19 25 (Address) 1349 Dst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	2/26/25

20 UNDERTAKER Wm Geo H. Dennis per T. E. Nelson

ADDRESS 1303 Pleasant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95577 HEALTH DEPARTMENT—CITY OF BALTIMORE -001

CERTIFICATE OF DEATH. 100 D 95577

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. 2010 Etting St. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Isbey Mack

(Residence in Baltimore: No. 2010 Etting St. St.; yrs. 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	single

6-DATE OF BIRTH. Dec. 7, 1923 (Month) (Day) (Year)

7-AGE. 1 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Arthur Mack

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Frances Curry

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Mack

(Address) 2010 Etting St.

15- Filed FEB 24 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. F. Hennessy, M. D. (Coroner)

Feb. 23 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemtery	Feb 24 1925
20-UNDERTAKER.	ADDRESS
Mrs Jas H. Dennis	1303 Pressman St

Rev T E. Kelson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21—3M—1500 Blks.

D 95578

Quaengeses

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95578

CERTIFICATE OF DEATH.

8-4 16

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N Wolfe ST. 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline, S Quaengeses

(a) RESIDENCE NO. 1109 N Wolfe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed Frederick Quaengeses

6 DATE OF BIRTH (month, day, and year) Aug 23 1826

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	98	11	8.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER does not Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Minnie Rogner (Address) 1109 N Wolfe St

15 Filed FEB 24 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1925

17

I HEREBY CERTIFY, That I attended deceased from January 10, 1924, to Feb 21, 1925, that I last saw h-- alive on Feb 21, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion Due To Senility

age 99 years over

(duration) 2 yrs. 00 mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) 2 yrs. 2m mos. ds.

18 Where was disease contracted if not at place of death? at her home

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas J Somers M. D.

, 19 (Address) 1024 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemty	Feb 24 1925
20 UNDERTAKER	ADDRESS
H Sander & Sons.	1710 Fleet

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95579

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901 D 95579

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 Ashland Ave ST. 10-N WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma Watson

(a) RESIDENCE NO. 1238 Ashland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 16-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Watson

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Lily Griffin

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Mayme Russum
(Address) 1238 Ashland

15 FEB 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1925 to Feb 21 1925

that I last saw h alive on Feb 20 1925

and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None.

(Signed) Bernard Harris M. D.

, 19 (Address) 38 S Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Cem

DATE OF BURIAL 2/24 1925

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95580

CERTIFICATE OF DEATH

100-91 95580

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N. Ann St., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Moore

(a) RESIDENCE NO. 237 N. Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col Brown

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30th 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles W. Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charleston S.C.

12 MAIDEN NAME OF MOTHER Loretta Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Charles W. Moore

(Address) 237 N. Ann St

15 Filed FEB 24 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-1925

17

I HEREBY CERTIFY, That I attended deceased from 2-19-, 1925, to 2-23-, 1925, that I last saw h alive on 2-23-, 1925, and that death occurred, on the date stated above, at 11,20 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) none.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. H. Carpenter, M. D.

2-24-1925 (Address) 611-N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: 2/25 1925

20 UNDERTAKER: Byron Knight

ADDRESS 1218 McElderry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

D 95581

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Park Ave ST., 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne Hepburn Rolando

(a) RESIDENCE No. 1309 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 10th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	72			

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Rolando

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Ann E. Bachelder

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Elizabeth P. Frick
(Address) 1523 Bolton St

15 Rec'd FEB 24 1925 ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 31st, 1925, to Feby 23, 1925,
that I last saw her alive on Feby 22, 1925,
and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis —

(duration) One yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage 2 hours.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No —

What test confirmed diagnosis? None —

(Signed) Chas H. Carnick M. D.

Feby 25 1925 (Address) 1327 Park Ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Feb 24 1925
20 UNDERTAKER	ADDRESS
H. H. Jenkins Son Co	Edmondson Ave & Collington Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

U.S. ARMY MEDICAL MUSEUM

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95582

CERTIFICATE OF DEATH.

2-37 1001

D 95582

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 S. Wolfe Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen. Lorek

(a) Residence No. 509 S. Wolfe Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., If of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of ~~XXXXXX~~ Florence. Lorek

6-DATE OF BIRTH (month, day and year) Nov. 30 1871

7-AGE. 53 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS

10-NAME OF FATHER: Frank . Lorek

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

11- (Informant) Mrs Florence. Lorek Wife

(Address) 509 S. Wolfe Street

15- FEB 24 1925 ROBERT P. KRAUTER, Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 20/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 4th 1925 to Feb 20 1925

that I last saw h~~im~~ alive on Feb 20 1925

and that death occurred, on the date stated above, at 10 20 pm.

The CAUSE OF DEATH* was as follows:

(Chronic interstitial nephritis
Aortic regurgitation

(Duration) yrs. 1 mos. 16 ds

CONTRIBUTORY (Secondary) Cerebral hemorrhage & heart failure

(Duration) yrs. mos. 5 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Signs & symptoms

(Signed) Jay B Ambrose M. D.

2/26 1925 (Address) 1623 E Bath Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Feb. 25 1925

20-UNDERTAKER: John M Weber ADDRESS: 1803 Bank St.

If plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95583

CERTIFICATE OF DEATH.

D 95583

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 2713 W. North Ave ST.: 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rawlins Wilson

(Residence in Baltimore: No. 2713 W North Ave St.: 9/12 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Jan (Month) 20 (Day), 1925 (Year)

7-AGE. ....yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: nothing
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. Otis S Wilson

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Le V. Fehler

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otis S Wilson

(Address) 2713 W North Ave

15-

Filed ....., 191.... Registrar.

FEB 24 1925 ROBERT R. PRENTISS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1925, to Feb 24 1925, that I saw him alive on Feb 24 1925, and that death occurred, on the date stated above, at 6:15 P.M.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John C. Baldwin M. D.

Feb 24, 1925 (Address) 1014 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, Feb 25, 1925

20-UNDERTAKER Joseph Lyon

ADDRESS 1600 W North Ave

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95584

CERTIFICATE OF DEATH.

193

D 95584

1-PLACE OF DEATH Municipal Hospital at Bay View — REGISTERED NO.

CITY OF BALTIMORE: (No. Bay View Hospital ST., 11-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Pitts

(a) RESIDENCE NO. 925 Jordan St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Bay View Hospital records

15 Received FEB 24 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-23, 1925, to 2-21, 1925, that I last saw him alive on 2-21, 1925 and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

Front bite gangrene both feet

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cerebral thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Arnold L Jensen M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Aberdeen, Md.	2/24/25

20 UNDERTAKER Geo. T. A. Gibson ADDRESS 1735 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 95585

CERTIFICATE OF DEATH.

12-2 16-9 95585

1-PLACE OF DEATH

City of BALTIMORE: (No. 2428 Oak St., 12-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Harwell

(a) Residence No. 2428 Oak St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced. (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 19, 1925

7-AGE, ... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS

10-NAME OF FATHER, Leslie Harwell

11-BIRTHPLACE OF FATHER (city or town) Virginia (State or Country),

12-MAIDEN NAME OF MOTHER, Florence Coats

13-BIRTHPLACE OF MOTHER (city or town) Virginia (State or Country),

14- (Informant)

(Address)

15- Filed FEB 24 1925 19 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 20 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1925 to Feb 20 1925 that I last saw h[illegible] alive on Feb 20 1925 and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Birth Injury

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Susanne R. Parmo M. D

2-20 1925 (Address) 1702 Westwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL DATE OF BURIAL: FEB 24 1925 19

20-UNDERTAKER, Commissioner of Health. ADDRESS

0205

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 35586

L 35586 CERTIFICATE OF DEATH. 15 159-002

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. 1530 N. Bruce St. St., 15-13 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Austin Burrell

(Residence in Baltimore: No. 1530 N. Bruce St. St.; yrs.... mos.... 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	Single

6-DATE OF BIRTH. Feb. 13, 1917
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. emp
(b) General nature of industry, business, or establishment in which employed (or employer). gdn

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Sam. Burrell

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Mary Scott

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sam. Burrell
(Address) 1530 N. Bruce St.

15- FEB 24 1925 ROBERT R. KRAUTER. Registrar.

0204

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb-21, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the 5 remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus Traumatica Nat.

8
(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Hemmeter M. D.
(Coroner)
Feb 24, 1925 (Address) 210 E. Baltimore

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL. FEB 24 1925

20-UNDERTAKER. Commissioner of Health, ADDRESS

DEP. REG. E. WOODALL

Is very important. See instructions on back of certificate. Exact statement of OCCUPATION may be of property claimed, so that it may

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95587 CERTIFICATE OF DEATH. 161-001 D 95587

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1531 Bruce St., (ST.) (15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Franklin

(a) RESIDENCE No. 1531 Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. Fifty ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/21/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or estsblishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Emuch Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rebecca Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ellicot City Md

14 Informant Mrs Rebecca Franklin

(Address) 1531 Bruce St

15 Filed FEB 24 1925 19 ROBERT R. VRAILER.

(126) Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 21 1925, to Feb 21 1925, that I last saw him alive on Feb. 21 1925 and that death occurred, on the date stated above, at 11-55 H m.

The CAUSE OF DEATH* was as follows:

Premature Baby 6 mos

5 mins.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isabel Neal, M. D.

, 19 (Address) 1224 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health, — ADDRESS

FEB 24 1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95588

CERTIFICATE OF DEATH.

100-001 D 95588

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ada L. Wolfe

(a) Residence No. Parkersburg West Va Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Simon L Wolfe

6-DATE OF BIRTH (month, day and year) Feb 20, 1867

7-AGE	If LESS than 1 day,
58 yrs. 0 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, John S. Snyder (D)

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ohio

12-MAIDEN NAME OF MOTHER, Rebecca Smithson (D)

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ohio

14- (Informant) Simon L. Wolfe

(Address) Parkersburg W. Va

15- FEB 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/24/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925 to Feb 24, 1925 that I last saw h. on alive on Feb 24 1925 and that death occurred, on the date stated above, at 3:20 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Failure (Acute)

(Duration) yrs. mos. few minutes ds.

CONTRIBUTORY (Secondary) ~~Fever~~ Broncho-Pneumonia ~~of Right Lung~~

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of 1/20/25

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) C. Howell M. D

, 19 (Address) Union Memorial Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Parkersburg W. Va	Feby 26 1925
20-UNDERTAKER	ADDRESS
John Mitchell	1201 W. Fayette St

In plain terms, so that it may be properly classified. See instructions on back of certificates. Exact statement of OCCUPATION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 95589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-1 100-001

D 95589

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. University Hospital ST., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jakob Siegrist

(a) RESIDENCE NO. Stone-wall Park, - Old Frederick Road - Baltimore Co - Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Siegrist

6 DATE OF BIRTH (month, day, and year) Oct 26 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gas & Electric Co. Baltimore, Md

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Siegrist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Schuman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant University Hospital (Address)

15 Filed FEB 24 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 21. 1925, to Feb. 23 1925, that I last saw h in alive on Feb 23 1925, and that death occurred, on the date stated above, at 900 a m.

The CAUSE OF DEATH* was as follows:

(1) Broncho - pneumonia

(2) Myocardial insufficiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert L. Anderson, M. D.

Feb 23, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Feb 26 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95590

CERTIFICATE OF DEATH.

12-24-001

D 95590

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2723 Oak ST.) 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Howard Lee

(a) RESIDENCE. No. 2723 Oak ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 11 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER William D. Lee

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Childs

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Edna Clauss (Sister)
(Address) 2723 Oak St

15 Filed FEB 24 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1925, to Feb 24, 1925, that I last saw h.. alive on Feb 24, 1925, and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ....yrs. 6 hrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) ....yrs. ....mos. Unknown ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. C. Richardson M. D.

1925 (Address) 1720 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Feb 27 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95591

CERTIFICATE OF DEATH.

D 95591

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME James George-Dimitrious Georgulas

(a) RESIDENCE NO. 3 Tenth St. Sparrows Point Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed FEB 24 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 22, 1925

17 I HEREBY CERTIFY, That I attended deceased from February 21, 1925 to February 22, 1925, that I last saw him alive on February 22, 1925 and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Louis E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Feb 28 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Cor.—1-12-23—M&T—100 Bks.

D 95592 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2-27-25-001 D 95592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Ave & Angelwood Ave nr Hamilton ST., 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William ~~Denny~~ Kenney

(a) RESIDENCE No. Estate of Mrs Mary Bushman nr Hamilton
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Dec~~ Jan 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer (Farm)
(b) General nature of industry, business, or establishment in which employed (or employer) Own
(c) Name of employer Mrs Mary A Buchman

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Mary A. Buchman
(Address) Franklin ave Hamilton

15 Filed FEB 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. K. Voller (Coroner.), M. D.

2-21-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb 27 1925
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS Westland Av

THIS IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 95593 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95593

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Lemmon ST., 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry N. Arndt

(a) RESIDENCE No 1809 Lemmon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Arndt

6 DATE OF BIRTH (month, day, and year) Nov 15th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work B&O Patrolman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B&OR Co

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Wm Arndt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Annie Arndt
(Address) 1809 Lemmon St

15 Filed FEB 24 1925 ROBERT R. KRAUTER Registrar
Assist Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22nd 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
at once

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Norton, M. D.
(Coroner)
Feb 22nd, 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Feb 24 1925

UNDERTAKER F. A. Wappert ADDRESS 850 W Balto St

See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95594

CERTIFICATE OF DEATH.

1001

D 95594

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Island of Rest Road 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Beatty.

(a) Residence No. Preston & Caroline St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widower

5a-If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie Cullen

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Beatty

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Higgins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-

(Informant) Sister Florence

(Address) Preston & Caroline

FEB 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 22/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 1924 to, 19..... that I last saw h. alive on Feby 22 19 25 and that death occurred, on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner M. D.

2/25 19 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral	Feb 25 1925

20-UNDERTAKER.	ADDRESS
J. C. Medefield	914 Greenmount Ave

instructions on back of certificates. IMPORTANT: EXACT STATEMENT OF OCCUPATION is very important. See

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95595

D 95595

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 610 George (St.) 17-2 (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Berry

(a) RESIDENCE. No. 610 George St., 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Peter Berry

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Michael Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Shepherd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Peter Berry Husband
(Address) 610 George Street

15 Filed . 19 Registrar

24 1925 Robert F. Harrison, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 8 1924, to Feb 21 1925, that I last saw h[illegible] alive on Feb 21 1925, and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible], M. D.

, 19 (Address) 2237 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb 25 1925

20 UNDERTAKER: Jno. M. McJunkin

ADDRESS 2309 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95596 | 129 | D 95596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Eastern Ave ST.: 1st WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Kuehne

(a) RESIDENCE. No. 2435 Eastern Ave ST., 1st WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? 56 yrs. 10 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kuehne

6 DATE OF BIRTH (month, day, and year) Mar 25th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Company

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Fred Kuehne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Stahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Kuehne

(Address) 2435 Eastern Ave

15 FEB 24 1925

19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to Feb 22, 1925, that I last saw h— alive on Feb 22, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Disease
(Chronic Myocarditis)

(duration) 2 yrs. 2 mos. 22 ds.

CONTRIBUTORY (Secondary) Renal Colic

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) F. Woelker, M. D.

, 19 (Address) 14 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Feb 25 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2060 Eastern Ave

Burial Permit Clerk.

TION is very important. See instructions on back of certificates. Exact statement of OC[illegible] PA[illegible] may be properly classified.

Spec.—6-9-19—H. P. Co.—1000 Bka.

D 95597

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95597

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 S. Para St.: 22-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace M. North

(a) RESIDENCE. NO. 431 S Para ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 28/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Riley North

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md.

12 MAIDEN NAME OF MOTHER Elizabeth Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Riley North

(Address) 431 S Para St

Filed ... 19... Robert P. Harrison, Registrar

B 24 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1925, to Feb 24, 1925

that I last saw h[illegible] alive on Feb 24, 1925

and that death occurred, on the date stated above, at 7-A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Primary)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. C. L. Campbell M. D.

Feb 24 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mizpah Point Md	Feby 25 1925
20 UNDERTAKER	ADDRESS
James A Jones	1212 Linden Ave

TION is very important. See instructions on back of certificates.

D 95598

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95598

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 535½ Orchard St. Ward) 17-7

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Puth

(Residence in Baltimore: No. 535½ Orchard St. St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
male	colored	Single

6-DATE OF BIRTH. Feb. 20, 1925
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
yrs. mos. 3 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Orris Puth

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Georgia Taylor

13-BIRTHPLACE OF MOTHER, (State or Country). Wash. D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. O. Puth

(Address) 535½ Orchard St.

15- FEB 24 1925 Robert P. Harrison, 192 Registrar.
Burial Permit Clerk

0210

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, aforesaid find that said deceased came to death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Pedestrian fracture of skull

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Kennedy M. D.
(Coroner)

Feb. 24 1925 (Address) 1807 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death, yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL. FEB 24 1925

20-UNDERTAKER. [illegible] Director of Health.

FEB 24 1925

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95599

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95599

CERTIFICATE OF DEATH.

21-1

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2144 Washington Boulevard St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Cecelia Gellerman

(a) Residence No. 2144 Washington Boulevard St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Gellerman

6-DATE OF BIRTH (month, day and year) Aug. 31, 1862

7-AGE. 62 yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS

10-NAME OF FATHER, Hugh Rogan

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Julia Reynolds

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

14- (Informant) Mrs. Charles O'Brien
(Address) 2408 Edmondson Avenue

15- 2 4 1925 Robert P. Harrison, 192 ..... Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 22 1925

17- I HEREBY CERTIFY, That I attended deceased from Feby 17 1925 to Feby 22 1925 that I last saw h.. alive on Feby 22 1925 and that death occurred, on the date stated above, at 12 45 P no

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. 6 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo S McKeffer M. D.

Feby 23 1925 (Address) 2320 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	2/25, 1925
20-UNDERTAKER.	ADDRESS
Henry W. Myers & Son	805 N. Calvert

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95600

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95600

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2122 E Monument St. St., 7-2 90 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Scarborough.

(a) Residence No. 2122 E Monument St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White .

5-Single, Married, Widowed, or Divorced (Write the word): Marr'd

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: John E Scarborough.

6-DATE OF BIRTH (month, day and year): Aug 7 1886

7-AGE: 38 yrs. 6 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Philadelphia.

PARENTS.

10-NAME OF FATHER: Wm H Henderson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Phil Pa.

12-MAIDEN NAME OF MOTHER: Rosanna Knox.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Phil Pa.

14- (Informant): John E Scarborough
(Address): 2122 E Monument

15- Filed ... Robt. P. Harrison, Registrar.

3 24 1925

Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 22 25

17- I HEREBY CERTIFY, That I attended deceased from Dec', 1922, to Feb 22, 1925, that I last saw h er alive on Feb 22, 1925, and that death occurred, on the date stated above, at 1.05 A.m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

Mitral Insufficiency + stenosis - 5 yrs

Cerebral Thrombosis (

Heart condition 3 yrs.

CONTRIBUTORY (Secondary) Cerebral Thrombosis (22 hours)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Had rheumatic fever when younger.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination.

(Signed) Louis F Krumrein, M. D.

, 19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz Cem	2/26/25
20-UNDERTAKER. John Ellerick	ADDRESS 2008 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95601

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3637 Old York road St.) 9th Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Ann Morgan

(a) Residence No. 3637 Old York road St., Ward 9th
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Morgan

6-DATE OF BIRTH (month, day and year) March 1844

7-AGE. 81 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.
10-NAME OF FATHER, John French
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md
12-MAIDEN NAME OF MOTHER, Rachael Wilson
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-Informant Mrs. W. A. Runge
(Address) 3637 Old York road

15-Filed Feb 24 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/23/1925

17- I HEREBY CERTIFY, That I attended deceased from April 17, 1924, to Feb 22, 1925, that I last saw h.e alive on Feb 22, 1925 and that death occurred, on the date stated above, at 12 55 m.

The CAUSE OF DEATH* was as follows:

Dementia Senilis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Infirmities of age

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Symptoms & atom

(Signed) Thomas D. McCleary, M. D.

, 19 (Address) 416 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL. 2/26/25

20-UNDERTAKER. John Ulrich — ADDRESS. 2008 Aliceanna

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95602

CERTIFICATE OF DEATH.

D 95602

1-PLACE OF DEATH

City of BALTIMORE: (No. 3433 E Lombard St., 26 Ward) Registered No. 12 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie J Reich

(a) Residence No. 3433 E Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Chas A Reich

6-DATE OF BIRTH (month, day and year) May 18 1873

7-AGE, 49 yrs. 9 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Jesse Pegram

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, ? Young

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N C

14-

(Informant) Chas A Reich

(Address) 3433 E Lombard

15-

Filed 24 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 24 25

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1924 to Feb 24 1925

that I last saw h[illegible] alive on Feb 24 1925

and that death occurred, on the date stated above, at 4.50 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Cerebrohypertension

Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage - Apoplexy

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) J. H. Bloedorn, M. D.

Feb, 1925 (Address) 330 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Glen Dale Md. DATE OF BURIAL, 3/27 1925

20-UNDERTAKER, John Meerick ADDRESS 2008 Orleans

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95603

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95603

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 507 N Glover

City of BALTIMORE: (No. ..... St., 1-31 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E Schmidt.

(a) Residence No. 507 N Glover. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (write word.): Married.

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Conrad Schmidt

6-DATE OF BIRTH (month, day and year): Nov 25 1879

7-AGE: 45 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home.

(b) General nature of Industry, business, or establishment in which employed (or employer): 13

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS

10-NAME OF FATHER: Henry Ochsse

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Kratz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) Conrad Schmidt

(Address) 507 N Glover

15- Filed 2 4 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 2-20-25

17- I HEREBY CERTIFY, That I attended deceased from 2-10 1925, to 2-23 1925, that I last saw h alive on 2-22 1925 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonary

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) ..... M. D.

2-24 1925 (Address) 709 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: 2/25 1925

20-UNDERTAKER: John Miller & Co

ADDRESS: 2008 Eastern

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95604 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95604

CERTIFICATE OF DEATH. 38

1-PLACE OF DEATH

City of BALTIMORE: (No. 215 W. Hill St., 7W-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Lee Spencer

(a) Residence No..... 215 W. Hill St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Fanny Spencer

6-DATE OF BIRTH (month, day and year) Cumberland

7-AGE, 40 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Labor
(b) General nature of industry, business, or establishment in which employed (or employer)..... —
(c) Name of employer.....

9-BIRTHPLACE (city or town)... West Point Va.
(State or Country),

PARENTS.

10-NAME OF FATHER, Isaac Spencer

11-BIRTHPLACE OF FATHER (city or town)..... Va.
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country),

14- (Informant) Henry Baker
(Address) West Point Va

15- 24 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 22/25

17- I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1924, to Nov 22, 1925, that I last saw him alive on Nov 21, 1925, and that death occurred, on the date stated above, at 7:40 P.m.

The CAUSE OF DEATH* was as follows:

Mitral Disease Heart
(Insufficiency)
(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY —
(Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Dana E. Bagnall, M. D.

11/24/1925 (Address) West Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
West Point Va	11/25 1925
20-UNDERTAKER,	ADDRESS
Samuel Easton	West Point Va

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95605

CERTIFICATE OF DEATH.

38

D 95605

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner ave & Rutland ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Duncan Jr.

(a) RESIDENCE NO. 822 N Stricker st ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/12/95

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	29	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer -

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bibbins Duncan
(Address) 822 N Stricker

15 Filed . 19 Robert P. Harrison, Registrar

Burial Permit Clerk

8 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22nd 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1925, to Feb 22nd, 1925, that I last saw him alive on Feb 22nd, 1925, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Lentic Carditis

Lentic Aortitis

(duration) yrs. about 9 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

1/2 Hours. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Clement R. Monrad, M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	2/26 1925
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Park

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Oldsby)

D 95606

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95606

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1407 Pierna St., 14-1 Ward)

Registered No. 101-901

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Oldsby

(a) Residence No. 1407 Pierna St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND of (or)~~ WIFE of Wm. Oldsby

6-DATE OF BIRTH (month, day and year) Apr 7 1891

7-AGE, 33 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), md.

PARENTS.

10-NAME OF FATHER, Robert Wilmer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), md

12-MAIDEN NAME OF MOTHER, Laura Polk.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), md.

14-

(Informant) William Oldsby

(Address) 1407 Pierna

15-

Filed 2 4 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 22/25

17- I HEREBY CERTIFY, That I attended deceased from Feby 10 1925 to Feby 22 1925

that I last saw h[illegible] alive on Feby 22 1925

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

2/24/1925 (Signed) Mary E. Magruder M. D.

(Address) 106 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL. 2/26/1925

20-UNDERTAKER. James Easton

ADDRESS Mt Park

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95607

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95607

CERTIFICATE OF DEATH.

21-24-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1205 Sargent St., 21-24 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Richie

(a) Residence No. 1205 Sargent St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Eva -

6-DATE OF BIRTH (month, day and year) Sept 12/884

7-AGE, 40 yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Hand Sewer

(b) General nature of industry, business, or establishment in which employed (or employer)..... Del Electric Co.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Rome Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Rome Italy

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Rome

14- (Informant) Eva. Richie

(Address) 1205 Sargent

15- Filed..... Robert P. Harrison, Registrar.

2 4 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-23-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 20, 1925 to Feb 23, 1925 that I last saw h.. alive on Feb 23, 1925 and that death occurred, on the date stated above, at 7:15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) High Blood Pressure

(Duration) ..... yrs. 1 mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Richard Dean, M. D.

, 19 (Address) 1205 Sargent

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pine Hill — DATE OF BURIAL. 2/25, 1925

UNDERTAKER. W. C. Cook — ADDRESS 502 E Nor

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95608

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95608

CERTIFICATE OF DEATH.

11-8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Rosylyn ave ST., 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Dolby Ellis

(a) RESIDENCE NO. 2705 Rosylyn ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44.30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis P. Ellis

6 DATE OF BIRTH (month, day, and year): Sept 21 1859

7 AGE: Years 65 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Accomac Co Virginia

PARENTS

10 NAME OF FATHER: Adolphus Ayers

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Emstina Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Francis P. Ellis

(Address): 2705 Rosylyn ave

15 Filed: Feb 24 1925

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/22 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/18, 1925, to 2/22, 1925

that I last saw h alive on 2/22, 1925

and that death occurred, on the date stated above, at 9.45 m

The CAUSE OF DEATH* was as follows:

Cerebral Adoema.
Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio Renal disease. &
La Grippe (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles L. Tefft M. D.

2/23 1925 (Address) 2806 Harrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	2/25 1925
UNDERTAKER. W. J. Richardson Sons	ADDRESS Balto

THAT if may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95609

86-08

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3530 Hickory Ave ST.: 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Catherine Burgee

(a) RESIDENCE. NO. 3530 Hickory Ave ST., 13 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 21- 1923

7 AGE — Years: 1 — Months: 10 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Floyd S. Burgee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Gladys Claggett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Floyd S. Burgee

(Address): 3531 Hickory Ave.

15 [illegible]

FEB 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23- 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1925, to Feb 23, 1925, that I last saw h[illegible] alive on Feb. 21, 1925, and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

1/2 hour J. J. Mooney

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J. Davis, M. D.

2-24-1925 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel, Md. — DATE OF BURIAL: Feb. 25 1925

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Rd.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

SCHNEIDER

D 95610

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95610

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Franklin Sq. ST. 21-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Schneider

(a) RESIDENCE NO. 46 ~~Mattfeldt Ave~~ MATTFELDT AVE. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6-1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	19	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printers Helper

(b) General nature of industry, business, or establishment in which employed (or employer) 663

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary J. Michael

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Jacob Schneider (Address) 46 Mattfeldt Ave.

15 Filed 3 24 1925, 19 Robert F. Harrison, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23-1925

17

I HEREBY CERTIFY, That I attended deceased from 3-22-, 1925, to 3-23-, 1925,

that I last saw him alive on 3-23, 1925

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Appendicitis

General Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3-22-25

Was there an autopsy? no

What test confirmed diagnosis? Op. finding

(Signed) H. F. Barn M. D.

3/24/1925 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 3-26-1925

20 UNDERTAKER Horace G. Burgee — ADDRESS 3631 Falls Rd.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95611

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3714 Falls Rd St., 13-4 Ward) Registered No. 100

2-FULL NAME. Hellen V Gibson

(a) Residence No. 3714 Falls Rd St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/c yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6-DATE OF BIRTH (month, day and year) Dec 4 1924

7-AGE, yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Md
(State or Country),

PARENTS.

10-NAME OF FATHER Clarence Gibson

11-BIRTHPLACE OF FATHER (city or town) Md
(State or Country),

12-MAIDEN NAME OF MOTHER Rebecca Baker

13-BIRTHPLACE OF MOTHER (city or town) Md
(State or Country),

14- (Informant) Clarence Gibson
(Address) 3714 Falls Road

15- Filed 2 4 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 23 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1925 to Feb 23 1925 that I last saw h[illegible] alive on Feb 23 1925, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

2/23/1925 (Address) 2020 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden DATE OF BURIAL. Feb 24, 1925

20-UNDERTAKER Ehrenwerth & Son ADDRESS 3617 Chestnut Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95612 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95612

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Elm ave. ST.: 13-4 WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Schoue

(a) RESIDENCE. No. 3511 Elm ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. Schoue

6 DATE OF BIRTH (month, day, and year) June 25 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Schoue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Colbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma E. Schoue (Address) 3511 Elm ave.

15 Filed 2 4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. , 1925 , to Feb. 24th , 1925 , that I last saw h[illegible] alive on February 23d , 1925 , and that death occurred, on the date stated above, at 2 2 5 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

(duration) Several years yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Howard C Silver , M. D.

, 19 (Address) 376 Lloyd St Bugbee ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem DATE OF BURIAL Feb 25 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 3417 Chestnut ave

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95613

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95613

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5012 Morella Road ST., Hamilton WARD 12)

2-FULL NAME Herbert P. Freeman

(a) RESIDENCE NO. 5012 Morella Road ST., Hamilton WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma R. Freeman

6 DATE OF BIRTH (month, day, and year) Aug 29th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe Cutter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired

9 BIRTHPLACE (city or town) .....
(State or country) Maine

PARENTS

10 NAME OF FATHER William P. Freeman

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Mass.

12 MAIDEN NAME OF MOTHER Louisa P. Freeman

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Mass

14 Informant John Howard Bramble
(Address) 5012 Morella Ave Hamilton

15 Feb 24 1925, 19 Robert P. Harrison, Registrar

24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from June (.....), 19 24, to Feb 23, 1925.
that I last saw him alive on Feb 23, 1925.
and that death occurred, on the date stated above, at 4.25 P. m.
The CAUSE OF DEATH* was as follows: Nephritis + Cardiac Decompensation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? .....Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas I Grasmick. M. D.

2/24 19 25 (Address) 412 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Feb. 25 1925
20 UNDERTAKER	ADDRESS
Frank Lassahn & Sons	Fullerton

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95614

CERTIFICATE OF DEATH.

101-091 D 95614

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 S. Hanover ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Catherine Sperl

(a) RESIDENCE NO. 1841 S. Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 9th 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or min.
	3	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Maryland

PARENTS

10 NAME OF FATHER Herman J. Sperl

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Birdie B. Hepp

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Herman J. Sperl (Address) 1841 S. Hanover St.

15 Filed Feb 24 1925 Robert P. Harrison, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 23, 1925, that I last saw h alive on Feb 23, 1925 and that death occurred, on the date stated above, at 9:55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed R. K. Campbell M. D.

(Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. John's Lutheran Cemetery Parkville	Feb 26 1925

20 UNDERTAKER Frank Lassahn Sons ADDRESS Fullerton

TION is very important. See instructions on back of certificates. Exact statement of O[illegible] CPA-

Spec—12-23-21—E.B.R.S.—400 Eks. D. Fenton OKd this over Telephone

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95615

CERTIFICATE OF DEATH.

B 95615

1-PLACE OF DEATH

City of BALTIMORE: (No. 3430 E Lombard St., 26 Ward) — 26-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank A Pugh

(a) Residence No. 3430 E Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Josephine Pugh

6-DATE OF BIRTH (month, day and year): Dec 2 1871

7-AGE: 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Elevator 1886

(b) General nature of Industry, business, or establishment in which employed (or employer): Freight

(c) Name of employer: Jules Gutman

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS:

10-NAME OF FATHER: John R Pugh

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Sarah J Dunphey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md

11- (Informant) Sarah E Pugh

(Address) 3430 E Lombard St

15- Filed 1925 16- Robert P. Harris Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1925 to Feb 13th, 1925 that I last saw him alive on Feb 13th, 1925 and that death occurred, on the date stated above, at 2.40 P.M. The CAUSE OF DEATH* was as follows:

Aneurism of aorta with rupture

(Duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Trevor Owen M.D.

Feb 24th 1925 (Address) Johns Hopkins Hospital Balto

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL, July 26 1925

20-UNDERTAKER: Williamson & Nathan — ADDRESS

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

D 95616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Hosp. ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Jefferson

(a) RESIDENCE No. 1013 N. Stricker St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Jefferson

6 DATE OF BIRTH (month, day, and year) Sept 2-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Bennett Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lizzie Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bennett Jefferson (Address) 1013 N. Stricker

15 Feb 24 1925

16 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925 to Feb 23, 1925.

that I last saw him alive on Feb 23, 1925.

and that death occurred, on the date stated above, at 6 86 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) L. B. Whaley M. D.

2-23 1925 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL Feb 25 1925

20 UNDERTAKER Sam'l W. Lee & Son

ADDRESS 1400 Mad

TION is very important. See instructions on back of certificates.

AKS.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95617

CERTIFICATE OF DEATH.

74 D 95617

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2031 Druid Hill Ave. | 4-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert H Noel

(a) RESIDENCE. No. 2031 Druid Hill Ave St.

(Usual place of abode)

WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Noel

6 DATE OF BIRTH (month, day, and year) Mch- 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Noel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Laticia Stevenson

(Address) 2031 Druid Hill Ave

15 Filed ..... 1925 Robert P. Harrison, Registrar

24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 18 1925 to Feb 22 1925 that I last saw him alive on Feb 21 1925 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH was as follows*:

Apoplexy (Cerebral Hem-
orrhage)

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

Feb 24 1925 (Address) 2039 Druid Hill Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Feb. 26 1925

20 UNDERTAKER Sam'l W. Chase Son

ADDRESS Hampsire

THIS is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95618

CERTIFICATE OF DEATH.

D 95618

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1201 Druid Hill Ave ST.: 11-175 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles. H. Fowler Jr

(a) RESIDENCE. No. 1201 Druid Hill Ave ST.: WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 7 mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred F. Fowler

6 DATE OF BIRTH (month, day, and year) July 30 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles H Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Addie Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Informant Charles. H. Fowler (Address) 1201. Druid Hill Ave.

15 Filed 24 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1925, to Feb 21, 1925, that I last saw him alive on Feb 21 1925, and that death occurred, on the date stated above, at 11 45 p m.

The CAUSE OF DEATH* was as follows:

Mitral and Aortic Insufficiency not certain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ptomaine Poison

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No (Over)

What test confirmed diagnosis? Clinical

(Signed) S B Hughey M. D.

Feb 25, 1925 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Hebron	Feb 25 1925
UNDERTAKER	ADDRESS
S H Chase & Son	[illegible]

Print is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Mitten)

D 95619

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95619

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 W Baltic ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustus L Mitten

(a) RESIDENCE NO. 1525 W Baltic ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary A Mitten

6 DATE OF BIRTH (month, day, and year) May 22 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Md

PARENTS

10 NAME OF FATHER Augustus Mitten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westminster

12 MAIDEN NAME OF MOTHER Margaret Abbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hampstead Md

14 Informant Robert Brooks

(Address) Calhoun & Hollins

15 24 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 3 1923 to Feb 22 1925, that I last saw h alive on 2/21 1925, and that death occurred, on the date stated above, at 4½ P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kahn, M. D.

2/24, 25 (Address) 2327 Wash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Feb 25 1925

20 UNDERTAKER Robert Brookes Son

ADDRESS Calhoun Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95620

46

B 95620

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Municipal Hospital at Bay View

REGISTERED NO.

CITY OF BALTIMORE: (No. Bay View Hospital St., Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Jones

(a) RESIDENCE NO. 920 W. Cullough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Callie Jones

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wheaton West

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country) ~~Annie West~~

12 MAIDEN NAME OF MOTHER Annie West

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant Bay View Hospital records (Address)

15 Filed FEB 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-18, 1925, to 2-23, 1925, that I last saw h~~e~~ alive on 2-23, 1925 and that death occurred, on the date stated above, at 1 00 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Arved L. Jensen, M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va. Jackson Cemetery DATE OF BURIAL Feb. 26 1925

20 UNDERTAKER Lenard Whalen ADDRESS 673 Saratoga

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

D 95621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95621

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 17 - 4 WARD)

REGISTERED No. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Moller

(Residence in Baltimore: No. 2427 Bradford St.) 5 yrs. mos. da.)

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Oct 27, 1869
(Month) (Day) (Year)

7-AGE, 55 yrs. 3 mos. 27 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 0

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, C. Moller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kaufer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne Mollys

(Address) 2427 Bradford

15- Filed FEB 25 1925, 191... ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 24, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said injury (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Fractured Femur

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.
(Coroner.)
Feb 24, 1925 (Address) 1034 E...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park	Feb 26 1925
20-UNDERTAKER John H. Denny	ADDRESS 715 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95622

CERTIFICATE OF DEATH.

D 95622

1-PLACE OF DEATH. Registered No. C.....

City of BALTIMORE: (No. Colonial Hosp. St., 16-7 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Spriggs

(Residence in Baltimore: No. 818 N. Paca St. St.; 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	married

6-DATE OF BIRTH. About 1864 (Month) (Day) (Year)

7-AGE. 61 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): (General)

9-BIRTHPLACE. (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER. Wm. H. Spriggs

11-BIRTHPLACE OF FATHER. (State or Country): Md.

12-MAIDEN NAME OF MOTHER. Celia A. ?

13-BIRTHPLACE OF MOTHER. (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Spriggs

(Address) 818 N. Paca St

15- Filed ..... 192.. ROBERT E. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) did find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

arterio sclerosis

(Duration) 1 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Feb. 23 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bury cemetery — DATE OF BURIAL. Feb 26 1925

20-UNDERTAKER. Edward Bryan — ADDRESS 1631 Orleans St

Duplicate certificate. See instructions on back of certificate.

95623

HEALTH DEPARTMENT—CITY OF BALTIMORE

95623

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

City of BALTIMORE: (No. 303 S. Bethel St., 3-2 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mazie Williams

(Residence in Baltimore: No. 303 S. Bethel St. (yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. May 3d 1898
(Month) (Day) (Year)

7-AGE. 26 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Louis Price

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Martha Matthews

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Malinda Williams

(Address) 303 S Bethel St

15- FEB 25 1925 ROBERT R. KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Central Lobar Pneumonia

(Duration) ....yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno M Hinton M. D.
(Coroner)

Feb 24 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Furnace Branch	Feb 27, 1925

20-UNDERTAKER. Edward Bryan ADDRESS 163 Aisquith St

Spec—12-23-21—E.B.F.S.—400 Bks.

D 95624 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 821 China St., 27-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Dunn

(a) Residence No. 821 China St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 26, 1894

7-AGE	If LESS than 1 day
30 yrs. 5 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) on Bay Steamer

(c) Name of employer Restaurant

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jessie Dunn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Portsmouth Virginia

12-MAIDEN NAME OF MOTHER, Kate Cox

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Portsmouth Virginia

14-(Informant) Kate Dunn

(Address) 532 W. Conn St.

15-Filed FEB 25 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-24-25

17- I HEREBY CERTIFY, That I attended deceased from 1/20 1925 to 2/24 1925

that I last saw h.. alive on 2/22 1925

and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr. Strickler M. D.

2/24 1925 (Address) 122 N. Eden St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	Feb 26 1925

20-UNDERTAKER.	ADDRESS
J. L. Brown & Son	1010 Montgomery St

Spec—12-23-21—E.B.R.S.—400 Bks.

1 95625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19-190 D 95625

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 221 N. Calhoun St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Elizabeth Chandler Nolen

(a) Residence No. 221 N. Calhoun Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar. 14, 1853

7-AGE.	If LESS than 1 day.
71 yrs. 11 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Easton
(State or Country)..... Pennsylvania

PARENTS.

10-NAME OF FATHER, William Dorr Nolen

11-BIRTHPLACE OF FATHER (city or town) Philadelphia
(State or Country). Pennsylvania

12-MAIDEN NAME OF MOTHER, Margaret Chandler

13-BIRTHPLACE OF MOTHER (city or town) Wilmington
(State or Country). Delaware

14- (Informant)..... Mrs. Mary Nolen
(Address)..... 221 N. Calhoun Street

15- FEB 25 [illegible] ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1925, to Feb. 24, 1925, that I last saw h[illegible] alive on Feb. 23, 1925, and that death occurred, on the date stated above, at 7.40 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis.

(Duration) 10+ yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Austin F. Robinson M. D.

2-24 1925 (Address) 1307 N. Charles Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Lorraine Cem	Feb 26, 1925
20-UNDERTAKER.	**ADDRESS**
Jas B. Cook	1002 E. Balto St.

Spec. 12-27-24 E.B.R.S.—400 Eks.

D 95626

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95626

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. City of BALTIMORE (No. St. Joseph's Hospital, 11-2 St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Veronica (Byrne).

(a) Residence No. Park Ave & Center St. 5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-Single, ~~Married, Widowed, or Divorced~~. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown.

7-AGE. 63 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Religious
(b) General nature of industry, business, or establishment in which employed (or employer). Sister
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Dublin Ireland

PARENTS.

10-NAME OF FATHER. John L. Byrne

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Elizabeth —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Mother de. Placide Wallace

(Address) Evolution Convent

Filed FEB 25 1925 ROBERT E. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 11 1925 to Feb 24 1925 that I last saw her alive on Feb 24 1925 and that death occurred, on the date stated above, at 5-30 a. m. The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma stomach

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Gastroenterostomy

Did an operation precede death? Date of 2-16-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Geo B Stephens, M. D.

, 19 (Address) St Jos. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem. DATE OF BURIAL. 2-26- 1925

20-UNDERTAKER. Henry W. Jenkins & Co ADDRESS. Orchard & Mc Culloh

Instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 95627 D 95627

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 928 N Gilmor St.; 16-6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Geo W. Leighman

(Residence in Baltimore: No. 928 N Gilmor St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 SINGLE, MARRIED, WIDOWER OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Aug. (Month) (Day), 1840 (Year)

7 AGE: 75 yrs. 6 mns. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None -
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Eastern Shore Md

PARENTS

10 NAME OF FATHER: John Leighman

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Dennis

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bessie Burnett

(Address) 928 N. Gilmor St

FEB 25 1925 ROBERT R. KRAUTER, Clerk
Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 21 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1924 to Feb 21, 1925.
that I saw h alive on Feb 21, 1925.
and that death occurred, on the date stated above, at 7 30 P. m.
The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Endocarditis & Arteriosclerosis

(Duration) 4 yrs. mos. ds.

(Signed) I. Edmunds M. D.

Feb 25, 1925 (Address) 1203 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. | DATE OF BURIAL: 2/28 1925

20 UNDERTAKER: Samuel T Kemsley | ADDRESS: 1078 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 95628

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 531 Greenwillow ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Cooper-

(a) RESIDENCE NO. 531 Greenwillow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Cooper-

6 DATE OF BIRTH (month, day, and year): Feb. 22 1872-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	~~1872~~	~~Feb.~~	~~22~~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress work

(b) General nature of industry, business, or establishment in which employed (or employer): Washing & Ironing

(c) Name of employer: Home work

9 BIRTHPLACE (city or town) (State or country): Maryland-

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Clarence Cooper Son

(Address) 1114 Etting St-

FEB 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 22d 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17 1925 to Feb. 22 1925

that I last saw h[illegible] alive on Feb- 22 1925

and that death occurred, on the date stated above, at 7-20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

about (duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Uremic Convulsions

about (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Samuel A. Cain M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 2/25/25

20 UNDERTAKER: Samuel J. Newsley

ADDRESS 978 N Eden

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 35-4 95629

118-08 95629

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Clara Fraker

(a) RESIDENCE NO. 618 N Dallas St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) ? 1897

7 AGE: Years 30 | Months — | Days — | If LESS than 1 day, ...hrs. or .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ben Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jane Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 ..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 - 1925 to Feb 24 - 1925

that I last saw her alive on Feb 24 - 1925

and that death occurred, on the date stated above, at 2-10 a m

The CAUSE OF DEATH* was as follows:

Intestinal obstruction.

..... (duration) yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) Myomata uteri.

Unknown (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Feb 13, 25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Ruth E Updegraff M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 26 1925

20 UNDERTAKER: Robert E Williams — ADDRESS: 815 McCulloh St

QUEEN R. KRAUTER,

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95630

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95630

CERTIFICATE OF DEATH.

X 100-001

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Ragner ave + Outland ST., 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Robert B. Paddy.

(a) RESIDENCE NO. 653 W Conway ST., WARD Pikesville Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~4~~ yrs. 1. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced HUSBAND of Mrs. Sarah Paddy or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 13, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer Mr

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Joshua Paddy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Elis. Pitcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah Paddy.

(Address) Pikesville P.O. Balt. Co. Md.

15 FEB 25 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925, to Feb 25, 1925, that I last saw him alive on Feb 25, 1925, and that death occurred, on the date stated above, at 2.50 a m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Chemical Laboratory + Instrumental

(Signed) Clement N. Manrad, M. D.

2/25, 1925 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Harmony. A.E. Co. Md. DATE OF BURIAL 2/27 1925

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son ADDRESS 801 W. Fayette St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 129 D 95631

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Ave and Eutaw St. 11-2 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Melvin Norris.

(a) RESIDENCE NO. Street, Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Melvin Norris

6 DATE OF BIRTH (month, day, and year) January 7-1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Whiteford (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Whiteford Md.

12 MAIDEN NAME OF MOTHER Theresa Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs. Melvin Norris (Address) Street Md

15 Filed FEB 25 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 16, 1924, to Feb 24, 1925.

that I last saw him alive on Feb 24, 1925

and that death occurred, on the date stated above, at 1:25 P m.

The CAUSE OF DEATH* was as follows:

1. Pulmonis

2. Endocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) X (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? X-Ray - Clinical

(Signed) [illegible], M. D.

, 19 (Address) Maryland Ave and Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Whiteford Md — DATE OF BURIAL 2-27 1925

20 UNDERTAKER E & B Hardt — ADDRESS 115 E Mulberry St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

95632

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 D 95632

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Jos Hospital

City of BALTIMORE: (No. Caroline & Oliver St., V-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emory Murphy

(a) Residence No. 1727 Bank St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Murphy

6-DATE OF BIRTH (month, day and year) Nov 20 1886

7-AGE. 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Acid Workes.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Murphy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mt Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Bertha Murphy

(Address) 1727 Bank St

Filed FEB 25 1925 Burial Permit Clerk

Med. Insp.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-24-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 11th 1925 to Feb 24 1925

that I last saw h. alive on Feb 24 1925

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J B Sybert M. D

, 19 (Address) St Jos Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Bolton Cem	2-26-1925

20-UNDERTAKER. Wm Chas A G Rohde ADDRESS 608 N Carlington Ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95633

CERTIFICATE OF DEATH.

119

D 95633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Poplar Grove St., 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Emma Meyers

(a) RESIDENCE NO. 1110 Poplar Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence H. Meyers

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Lynn Billhart

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Eliza J. Kempel

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Clarence H. Meyers

(Address) 1110 Poplar Grove

15 FEB 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit U.S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25th 1925

17

I HEREBY CERTIFY, That I attended deceased from February 16 . 1925 . to February 25 . 1925 .

that I last saw her alive on February 22 . 1925 .

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Intractable vomiting and cachexia probably due to drug

Superior mesenteric nerves

Duodenum (duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Sp Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Maurice E. Shemmer M. D.

2/25, 1925 (Address) 3300 N. Howard Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Elev

DATE OF BURIAL 2/27/25

20 UNDERTAKER Geo. H. Weber & Son

ADDRESS 2503 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95634

11-001 ✓

CERTIFICATE OF DEATH.

D 95634

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N. Calvert ST., 17-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Baylies

(a) RESIDENCE NO. 1701 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	84	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nicholas Baylies

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER Susan Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant John A. Baylies

(Address) 1701 N. Calvert St.

Filed FEB 25 1925 Burial Permit Clerk.

ARNOLD R. KRAUSEN, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby 20, 1925, to Feby 23, 1925,

that I last saw her alive on Feby 23, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion about

(duration) yrs. mos one day

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Jas. M. Cranghill, M. D.

Feby 25, 1925 (Address) 1810 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Feb 25 1925

20 UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS McCulloh & Orchard Sts

IMPORTANT. See instructions on back of certificates.

D 95635

Spec. 170-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95635

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Shirey Ave ST., Hamilton WARD) 37-12

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Butler

(a) RESIDENCE NO. 6 Shirey Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Anna Butler

6 DATE OF BIRTH (month, day, and year): Dec 4/53

7 AGE — Years: 72 Months: 2 Days: 19 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carolina Co. Md

PARENTS

10 NAME OF FATHER: Thos. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Anna Butler

(Address): 6 Shirey Ave

FEB 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/21, 1925, to 2/23, 1925, that I last saw h~~e~~ alive on 2/23, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Haemorrhage (Pulmonary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl Brown, M. D.

2/24/25 (Address) 427 N Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakwood — DATE OF BURIAL: 2/25 1925

20 UNDERTAKER: Phillip Herwig — ADDRESS: 206 Orleans

IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

B 95636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95636

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 428 N Bond St St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Helen Wilkinson

(a) Residence No. 428 N Bond St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) unknown 1891

7-AGE.	If LESS than 1 day,
33 yrs. mos. ds.	hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Jamesville Va

PARENTS.

10-NAME OF FATHER, Thomas Moore

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Josephine Perry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

11- (Informant) Henrietta Moore

(Address) 428 N Bond St

Filed FEB 25 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 23/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1925 to Feb 23 1925

that I last saw h alive on Feb 23 1925

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Int Gout (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward Fisher M. D

2-24-1925 (Address) 1612 E Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Glamsville Va	Feb. 20 1925
20-UNDERTAKER.	ADDRESS
Mrs Robt A. Elliott	1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95637

CERTIFICATE OF DEATH.

16 D 95637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Rutland Ave St. 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Barlett Johnson

(a) RESIDENCE No. 1701 Rutland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 15 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
—	—	7	

8 OCCUPATION OF DEACESED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Raymond W. Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Margaret Grady

13 BIRTHPLACE OF MOTHER (city or town) Balt (State or country)

14 Informant Raymond W. Johnson (Address) 1701 Rutland Ave

15 Filed FEB 25 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-24 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/15, 1925, to 2/24, 1925, that I last saw him alive on 2/24, 1925, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) D. Arthur Miller, M. D.

, 19 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore County	Feb 25 1925

20 UNDERTAKER George J. Rutter ADDRESS 1735 Hanover

IMPORTANT: See instructions on back of certificates.

Stoc—12-23-21—E.B.R.S.—400 Blks.

D 95638

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 615 N. Appleton St., 16 - 4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Henry

(a) Residence No. 615 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Samuel L. Henry

6-DATE OF BIRTH (month, day and year) May 5, 1854

7-AGE. 70 yrs. 11 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Work at Home

(c) Name of employer

9-BIRTHPLACE (city or town). Dover (State or Country), Pa

PARENTS.

10-NAME OF FATHER, George Bittinger

11-BIRTHPLACE OF FATHER (city or town) Dover (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) Dover (State or Country), Pa

14- (Informant). Catherine Harell

(Address) 646 Appleton St.

15- FEB 25 1925 Albert R. KRAUSE, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1925 to Feb 23 1925 that I last saw h alive on Feb 23 1925 and that death occurred, on the date stated above, at 2.15 P.M. The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James L. Todd M. D

Feb. 24 1925 (Address) 735 N. Eutaw St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery DATE OF BURIAL. Feb. 28. 1925

20-UNDERTAKER. Edna W. Conklin ADDRESS 914 E Eager St.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95639 **CERTIFICATE OF DEATH.** 26-100-801 D 95639

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Hospital St., 26-7 Ward) Registered No.

2-FULL NAME Charles M. Davis

(a) Residence No. Bay View Asylum St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1854

7-AGE. 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar-Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 01

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore Md
(State or Country).

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) ?
(State or Country).

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) ?
(State or Country).

14-

(Informant) Municpl Hospital Records

(Address)

FEB 25 1925 HUBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

0212

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-20-25

17- I HEREBY CERTIFY, That I attended deceased from 6-1, 1922, to 2-20, 1925 that I last saw him alive on 2-20, 1925 and that death occurred, on the date stated above, at 11:9 m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ext

(Signed) Claude E. Brace M. D.

2-21, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER.	ADDRESS

UNIVERSITY OF MARYLAND

FEB 25 1925

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95640 CERTIFICATE OF DEATH. 100-001 D 95640

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 26-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bright

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Wolfe Bright

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed ..... 19 ... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1925

17

I HEREBY CERTIFY, That I attended deceased from 11-19, 1924, to 2-21, 1925, that I last saw him alive on 2-21, 1925, and that death occurred, on the date stated above, at 11:9 m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

..... (duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Inf.

(Signed) Claude S. Dean M. D.

2-21, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health,

For Wm. F. Fenhagen

ADDRESS FEB 25 1925

FEB 25 1925

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95641

CERTIFICATE OF DEATH.

41 ✓ D 95641

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Municipal Hospital St. Bay View) 26-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lula German

(a) RESIDENCE NO. Bay View Asylum ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced (for) HUSBAND of / WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph German

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Bay View Hospital Baltimore.

15 Filed FEB 25 1925, 19 ROBERT H. KRAUTER, Registrar

Burial Permit Issued

G214

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-31, 1925, to 2-22, 1925

that I last saw h[illegible] alive on 2-22, 1925

and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Cellulitis of hand following cut 1 wk.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Generalized streptococcus

septicemia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-31-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Arnold L Jensen M. D.

2/24, 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner of Health

FEB 25 1925

FEB 25 1925

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95642 CERTIFICATE OF DEATH. 2-7-38 D 95642

1-PLACE OF DEATH Bay View Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Municipal Hospitals ST. at Bay View WARD) (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boby Butler

(a) RESIDENCE NO. Bay View Hospital ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divoreed
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-20-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Percy Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Pankler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Bay View Hospitals

15 Filed 19 Registrar.

FEB 25 1925 ROBERT P. KRAUTER, Vital Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-20, 1925, to 2-21, 1925, that I last saw him alive on 2-21, 1925 and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Patient was prior to birth under treatment for Maternal Syphilis)

CONTRIBUTORY (Secondary) Syphilis duration yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Arnold L Jensen, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health,

ADDRESS FEB 25 192

DEP. WM. H. WOOLLEY

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95643

CERTIFICATE OF DEATH.

X 118-002 D 95643

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John s Hopkins Hospital ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin White

(a) RESIDENCE NO. West Friendship Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary White

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cement worker
(b) General nature of industry, business, or establishment in which employed (or employer) 03
(c) Name of employer self

9 BIRTHPLACE (city or town) nr Harper's Ferry
(State or country) W. Va

PARENTS

10 NAME OF FATHER Lewis White

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Canada

12 MAIDEN NAME OF MOTHER Jane unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) W. Va.

14 Informant J.W. White (son)
(Address) West Friendship Md

15 Filed Jan 9, 1925 Snowden
B 25 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Operation at hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S Waters (Coroner) M. D.

1-17-25, 192 (Address) 508 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .. yrs., .. mos., .. ds. In the State .. yrs., .. mos., .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
West Liberty Md	1-18 192
UNDERTAKER	ADDRESS
Geo R. Snowden	Brookville Md

Spec—12-23-21—E.B.R.S.—400 Bks.

(Bryan)

D 95644

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95644

CERTIFICATE OF DEATH.

15-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 3831 Reisterstown Road St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry B. Bryan

(a) Residence No. 3831 Reisterstown Road St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Eva V. Bryan

6-DATE OF BIRTH (month, day and year) Nov. 29, 1886

7-AGE. 38 yrs. 11 mos. 4 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cleark

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. James J Bryan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Anna Carroll

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14-

(Informant). Eva V. Bryan

(Address). 3831 Reisterstown Rd.

15-

Filed 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 24-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1924 to Feb 24 1925

that I last saw him alive on on Feb 24 1925

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam. Xray.

(Signed) G W Billups M. D

. 19 (Address) 2224 W. North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Woodlawn Cem	Feb. 26, 1925
20-UNDERTAKER.	ADDRESS
James B. Ayres	1334 Eutaw Pl

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-73½

D 95645

1-PLACE OF DEATH

City of BALTIMORE: (No. 1209 E. Preston St., Ward) Registered No.

2-FULL NAME Charles D. O'Connor

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1209 E. Preston St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Margaret J. O'Connor

6-DATE OF BIRTH (month, day and year) Aug 17-1857

7-AGE. 67 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Linen Salesman

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER Daniel J. O'Connor

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto.

12-MAIDEN NAME OF MOTHER Susan Wright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) West Virginia

14- (Informant) Margaret J. O'Connor

(Address) 1209 E. Preston St.

15- Filed Feb 27 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 23-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1925 to Feb. 23 1925

that I last saw h.. alive on Feb. 23 1925

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Chronic myelitis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mds. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Lee Thomas M. D.

2/24 1925 (Address) 1206 E. Preston St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL, 2/27 1925

20-UNDERTAKER. Chas. E. Krause & Son

ADDRESS 118 W. Mt. Royal Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95646

CERTIFICATE OF DEATH.

129 D 95646

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 E. Northern ST. 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angeline Wagner

(a) RESIDENCE. NO. 438 E. Northern ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 6yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Jan 14-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md Baltimore

PARENTS

10 NAME OF FATHER George Thurnauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rachel Cuddy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant John J. Wagner (Address) 438 E Northern

15 Filed ... Robert P. Harrison, Registrar

25 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1925, to Feb 24, 1925, that I last saw her alive on Feb 24, 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Arena, M. D.

, 19 (Address) 1603 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk Cemetery	Feby 27 1925
20 UNDERTAKER	ADDRESS
Robt J. Turner Sons	W. Fay

Back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95647 ✓ D 95647

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 W. 27th ST.) 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A Thompson

(a) RESIDENCE No. 206 W 27th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 22/1834

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	91			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John A Thompson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary A Barker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant George W Thompson
(Address) 1317 W. Fayette St

Filed 25 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15. 1924, to Feb 24. 1925.
that I last saw h alive on Feb 23. 1925
and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Thompson M. D.

. 19 (Address) 101 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Febr 26 1925
20 UNDERTAKER	ADDRESS
George J Smith	Hollins St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95648

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ellis

(a) RESIDENCE No. Loudoun, East, WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	26	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boilermaker

(b) General nature of industry, business, or establishment in which employed (or employer) — 0186

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Donnelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Records John Hopkins Hospital

15 Filed ... 19 ... Robert T. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from February 23, 1925, to February 25, 1925, that I last saw him alive on February 25, 1925 and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

1 Sarcoma of skull

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Post Operative Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Feb 25 25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. C. Reichert, M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md — DATE OF BURIAL 2/25 1925

20 UNDERTAKER J Ahrens — ADDRESS 224 Ay

FEB 25 1925 Bureau of Vital Statistics

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 95649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital 26-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Gorauch

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Municipal Hospital Records (Address)

15 Filed [illegible], 19[illegible] Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-20, 1925 to 2-23, 1925 that I last saw her alive on 2-23, 1925 and that death occurred, on the date stated above, at 11.52 p m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lot.

(Signed) Claude C. Dean, M. D.

2-24, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb. 28 1925
20 UNDERTAKER	ADDRESS
Chas. Braus Son	118 W. Mt. Royal Ave

THIS is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95650

CERTIFICATE OF DEATH.

X 9

6-3

D 95650

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 N. Patterson Park Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Eileen Benton.

(a) Residence No..... 107 N. Patterson Park Ave St., ... Ward Deals Island.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) Aug. 17-1924

7-AGE.	If LESS than 1 day,
..... yrs. 6 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Deals Island
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Benton

11-BIRTHPLACE OF FATHER (city or town)..... Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Hettie White

13-BIRTHPLACE OF MOTHER (city or town)..... Md.
(State or Country),

14-

(Informant)..... Hettie Benton

(Address)..... 107 N. Patterson Park Ave

FEB 26 1925

..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 25-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 23, 19 25, to Feb 25, 19 25

that I last saw her alive on Feb 25, 19 25,

and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Pertussis

.....

.....

.....

.....(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

.....(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Deals Island Md

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph L. Stright M. D.

, 19 (Address) 262 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Lehmans Lane	Feb 26th, 19 25

20-UNDERTAKER.	ADDRESS
Lilly & Zeller	403 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95651

CERTIFICATE OF DEATH.

17 D 95651

1-PLACE OF DEATH Church Home + Infirmary

City of BALTIMORE: (No. 1639 Henrietta St. Ward 8-2) Registered No.

2-FULL NAME Mrs Henry Scheuermann

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1639 N Milton Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Henry Scheuermann

6-DATE OF BIRTH (month, day and year) July 21st 1868

7-AGE. 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Wm. Budde

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. H. Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Henry Scheuermann

(Address) 1634 N. Milton Ave

FEB 26 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 25 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1925 to Feb 25 1925

that I last saw h.. alive on Feb 24 1925

and that death occurred, on the date stated above, at 5 (?) P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 25-1925

Was there an autopsy? Yes

What test confirmed diagnosis? Gen. Examination

(Signed) L. W. Saunders M. D.

19 (Address) Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Balto Cemetery

DATE OF BURIAL. 2/28/25 19

20-UNDERTAKER. Geo Lumbach & Son

ADDRESS 647 W. Pratt St

K.S.A.

Spec.—1-10-21—M&T—1500 Blu.

D 95652

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95652

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Howell Park

CITY OF BALTIMORE: (No. 1022 Sefton ST., 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Garde

(a) RESIDENCE NO. 1022 Sefton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married,~~ Widowed, ~~or Divorced, (write the word)~~
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29th 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	85	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Shultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant

(Address) 1022 Sefton St

15 Filed FEB 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 1 1925 to Feby 25 1925 that I last saw h[illegible] alive on Feby 23 1925, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Clark McKeffen M. D.

Feby 25 1925 (Address) 2326 Druid Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Paul Druid Hill Park	Feb 27 1925
20 UNDERTAKER	ADDRESS
Knell & Son	1729 W Baltimore

THIS IS very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95653

CERTIFICATE OF DEATH.

D 95653

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1103 E. Sharp St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Clemens

(a) Residence No. 1103 E. Sharp St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND ~~of (or) WIFE of~~ Anna Clemens

6-DATE OF BIRTH (month, day and year) 10-19-62

7-AGE, 62 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer .....

9-BIRTHPLACE (city or town) Balto Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) .....
(State or Country),

12-MAIDEN NAME OF MOTHER, Julia unknown

13-BIRTHPLACE OF MOTHER (city or town) .....
(State or Country),

14- (Informant) Anna Clemens

(Address) wife

15- Filed FEB 26 1925 [illegible] Burial Permit (Resident).

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/23/25

17- I HEREBY CERTIFY, That I attended deceased from 1/28 1925 to 2/23 1925

that I last saw h[illegible] alive on 2/22 1925

and that death occurred, on the date stated above, at 1:15 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobular
Heart Disease

(Duration) ..... yrs. 1 mos. 30 ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. L. Carlson M. D.

2/24 1925 (Address) 808 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Pikesville DATE OF BURIAL, 2/26 1925

20-UNDERTAKER Samuel D Hawley ADDRESS 1128 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95654

CERTIFICATE OF DEATH.

90 D 95654

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 3-1 WARD)

2-FULL NAME George Meyers

(a) RESIDENCE No. 1022 Fawn ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City
(State or country)

PARENTS

10 NAME OF FATHER Geo Meyers

11 BIRTHPLACE OF FATHER (city or town) N.Y.
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) N.Y.
(State or country)

14 Informant Municipal Hospital Records
(Address)

FEB 26 1925 JOELLA R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-24 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1925 to 2-24 1925

that I last saw him alive on 2-24, 1925

and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis (degenerative); Auricular fibrillation; Myocardial degeneration

(duration) yrs. 2 mos. (Estimated) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Claude S. Owen, M. D.

2-27 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb. 26 1925

20 UNDERTAKER: George L. Schwab — ADDRESS: 2101 Eutaw Ave

...TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95655

CERTIFICATE OF DEATH.

118-002

118 B 95655

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 Mulliken St., 5-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Nicholas

(a) Residence No. 1412 Mulliken St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1869

7-AGE. 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Austin Nicholas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Georgiana Hall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) John H. Nicholas
(Address) 1309 N. Eden St.

15- FEB 26 1925 ROBERT R. KRAUTER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 24/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 23, 1925, to Feb 24, 1925, that I last saw h. W. alive on Feb 23 1925 and that death occurred, on the date stated above, at 7 P 45 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Abdominal Hernia

Indefinite (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Edward Fisher M. D.

2/24. 1925 (Address) 1625 Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Laurel Cemetery	Feb 27, 1925
20-UNDERTAKER.	ADDRESS.
Chris. H. Johnston	1116 N. Caroline St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95656

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 D 95656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1018 Hillman St St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Stevenson

(a) Residence No 1018 Hillman St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 26-1904

7-AGE. 21 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer) Job

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Jersey City N J

PARENTS.

10-NAME OF FATHER Benj F. Stevenson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. J.

12-MAIDEN NAME OF MOTHER, Eva Hornstein

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Memphis Tenn

11- (Informant) Eva Stevenson

(Address) 1018 Hillman Street

15- FEB 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-25-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 24th 1925 to Feb 25 19 25

that I last saw her alive on Feb 24th 19 25

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

Feb 26, 1925 (Signed) L. McCusker M. D.

(Address) 1114 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Rehren Lorraine DATE OF BURIAL. 2/26 1925

20-UNDERTAKER. Jack Lauris 1439 ADDRESS Eldon

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95657

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95657

CERTIFICATE OF DEATH.

89

12-3

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2730 St. Paul St., Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Catherine McDonnell

(a) Residence No..... 2730 St. Paul St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6-DATE OF BIRTH (month, day and year) March 17, 1841

7-AGE.	If LESS than 1 day,
83 yrs. 11 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John McDonnell

11-BIRTHPLACE OF FATHER (city or town)..... Ireland
(State or Country),

12-MAIDEN NAME OF MOTHER, Mary McCarthy

13-BIRTHPLACE OF MOTHER (city or town)..... Ireland
(State or Country),

14-

(Informant)... Mrs. Eugene McDonnell

(Address)..... 127 W. Lanvale Street

FEB 26 1925 ROBERT E. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/24/25

17- I HEREBY CERTIFY, That I attended deceased from 1/10/17, 19..., to 2/24, 19 25

that I last saw h-- alive on 2/24, 19...

and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Renal arteriosclerosis

"Senility"

Dropsy.

.....(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Angina Pectoris or cardiac Dilford. 1

.....(Duration) ... yrs. ... mos. ... 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? History & Phys. Ex.

(Signed) V. P. Clemens, M. D.

2/25, 1925 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	2/27, 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert

Spec.-1-10-21_M&T 1500 Bks.

Dr. J. H. Schumpert

D 95658

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1173 Cleveland WARD) 21-200

2-FULL NAME Wilhelmina Fritz

(a) RESIDENCE No. 1173 Cleveland ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Conrad Fritz

6 DATE OF BIRTH (month, day, and year): Feb 28 1842

7 AGE: Years 83 Months — Days 2 2 If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Louise St

(Address) 1173 Cleveland

FEB 26 1825

MATT P. KRAUTER, Registrar

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to Feb 24, 1925.

That I last saw h[illegible] alive on 2/23, 1925,

and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Gen Arterio Sclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John G. Schumpert M. D.

19 (Address) 1126 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb 26 1925

UNDERTAKER: J. S. Shepherd — ADDRESS: 1850 N Gilmor St

poc—12-23-21—E.B.R.S.—400 Bks.

D 95659 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95659

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 129 Hilton St., 20-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Rekton

(a) Residence No. 129 Hilton St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, Widowed, or ~~Divorced~~, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 25-1925

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ~~gd~~

(c) Name of employer

9-BIRTHPLACE (city or town). Baltimore md (State or Country),

PARENTS.

10-NAME OF FATHER, Anton Rekton

11-BIRTHPLACE OF FATHER (city or town). Austria (State or Country),

12-MAIDEN NAME OF MOTHER, Hilda Pozdena

13-BIRTHPLACE OF MOTHER (city or town). Austria (State or Country),

14- (Informant) Hilda Pozdena

(Address) 129 Hilton St

15- Filed ....., 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 25-1925.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1925 to Feb. 25 1925, that I last saw h.im alive on Feb. 25- 1925 and that death occurred, on the date stated above, at 2.00 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) 5½ mos. foetus

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Dudley P. Bowe, M. D.

Feb. 25 1925 (Address) 904-N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park. DATE OF BURIAL, 2-26, 1925

20-UNDERTAKER, H C Brauning Son ADDRESS 517 N. Schroeder St

Spec- 12-23-21—E.B.R.S.—400 Bks.

D 95660

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95660

CERTIFICATE OF DEATH

10-2129

1-PLACE OF DEATH Christ Institution Hospital

City of BALTIMORE: (No. 704 Ensor St. St., 10-21 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Hlopak

(a) Residence No. 719 E. F. St Sparrow Point Md. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 11 mos. 11 ds. How long in U. S., If of foreign birth? 26 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hlopak.

6-DATE OF BIRTH (month, day and year) Oct. 19-1887

7-AGE. 41 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House work

(b) General nature of Industry, business, or establishment in which employed (or employer)..... at home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Austria

PARENTS.

10-NAME OF FATHER, John Takasz

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Mary —

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Austria

14- (Informant)..... Michael Hlopak

(Address)..... 719 E. F. St. Sparrow Point

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 25-25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 13 - 1925 to Feb. 25. 1925

that I last saw h.. alive on Feb. 25 - 1925

and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Chronic Interstitial Nephritis

(Duration) ... yrs. ... mos. 1 d.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

+ Complication disease (Duration) ... yrs. 6 mos. 17 ds.

18-Where was disease contracted if not at place of death? Sparrow Point Md

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. L. W. Remsard M. D.

2-25. 1925 (Address) 708 Ensor St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Stanislaus — DATE OF BURIAL. Feb. 28 - 1925

20-UNDERTAKER. M. J. Sadowski — ADDRESS 705 S. Ann St.

Cor.—1-12-23—M&T—100 Bks.

D 95661

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95661

CERTIFICATE OF DEATH.

12-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Rabes Ave ST., WARD 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Burton

(a) RESIDENCE No. 2919 Rabes Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) Feb 25-1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Harris Brent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Daisy Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Daisy Burton
(Address) 2919 Rabes Ave

15 FEB 26 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus -Ricketts

(Treated at Harrlet Lane-Hopkuns)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S Falls, M. D. (Coroner.)

2-26-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb. 26 1925

20 UNDERTAKER: Wm P. G. Elliott — ADDRESS: 225 Ashland Ave

Spec.—1-10-21 M&T 1500 Blks.

95662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 95662

1-PLACE OF DEATH Bon Secours Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. Fayette & Payson ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Lacy

(a) RESIDENCE NO. 1006 Harford Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Lacy

6 DATE OF BIRTH (month, day, and year) April 17. 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
69	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work at

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John F. Colgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Colgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Nellie Lacy

(Address) 1006 Harford Ave.

FEB 26 1925 Filed ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13 '24, 1924, to Feb. 25 '25, 1925.

that I last saw h[illegible] alive on Feb. 25 '25, 1925

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. W. Powell, M. D.

2/25, 1925 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb 28, 1925

20 UNDERTAKER Edmund W. Conklin ADDRESS 9141 Eager St.

Sections on back of certificates. Items very important. See instructions

Cor.—1-12-23—M&T—100 Blks.

D 95663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 ✓ D 95663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 20-6 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Girl Blucher

(a) RESIDENCE NO. 1929 Christian ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 6-25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robert Blucher

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Johns Hopkins Hospital

15 Filed ..., 192 ROBERT R. KRAUTER, Registrar

FEB 26 1925 (2210 Chief Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 20-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Patterson, M. D. (Coroner.)

2-20-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 192 FEB 26 1925

20 UNDERTAKER Dr. Health. — ADDRESS

Dr. Wm. E. Wiedal.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95664

CERTIFICATE OF DEATH.

15-57

D 95664

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1811 Baker St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Hoffman

(a) Residence No. 1811 Baker St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Hoffman

6-DATE OF BIRTH (month, day and year) July 19, 1863

7-AGE. 61 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. 037

(b) General nature of industry, business, or establishment in which employed (or employer). House wife

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Nicholas Straub

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Don't know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant). Peter Hoffman

(Address). 1811 Baker St

15- FEB 26 1925 PROPERTY B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 24/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1925 to Feb 24 1925

that I last saw h. alive on Feb 24 1925

and that death occurred, on the date stated above, at 12.30 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis & Exhaustion

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine sugar & blood test

(Signed) Chas. H. Seybert M. D.

Feb 25, 1925 (Address) 1100 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Feb 28, 1925
20-UNDERTAKER.	ADDRESS.
Josiah Syfer	1600 W North Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95665 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 1900 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... John Meyer

(a) Residence No. Fulton & Pacific St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced.~~ Single (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) 1850

7-AGE. 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Meyer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Sr. Superior (Address) Little Sisters of the Poor

15- FEB 26 1925 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 25/25

17- I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...

that I last saw he alive on Feby 24, 1925

and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Contributory (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Woods M. D.

(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral — DATE OF BURIAL, Feb 26, 1925

20-UNDERTAKER, J. C. Windfield — ADDRESS 914 Gruntly Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Bradford ST., 6-3 WARD)

2-FULL NAME Frederick R. Kasal

(a) RESIDENCE No. 420 N. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Kasal

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Kasal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Francis Slavy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Catherine Kasal

(Address) 420 N Bradford St

FEB 26 1925

Filed ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1923, to Feb. 24 1925, that I last saw him alive on Feb. 24 1925 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vincent V. Foske, M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 28 1925
20 UNDERTAKER	ADDRESS
Geo X Crook Son	1900 E Lanvale

IMPORTANT. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95667

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95667

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Howard Fisher

(a) Residence No. 1604 Mt. Royal Balto St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Mohrman

6-DATE OF BIRTH (month, day and year) 9/3/63

7-AGE. 61 yrs. 5 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Merchant

(b) General nature of industry, business, or establishment in which employed (or employer). 04½

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). In U. S.

PARENTS

10-NAME OF FATHER, W. N. Fisher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), In U. S.

12-MAIDEN NAME OF MOTHER, Julia Wright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Agnes M. Fisher (Address) 1604 Mt Royal ave

15- Filed Feb 26 1925 Robert P. Harrison Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 26-25

17- I HEREBY CERTIFY, That I attended deceased from Oct., 1923 to Feb 26 25, 1925

That I last saw him alive on 2/26, 1925

and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lower lip with metastases

(Duration) 2½+ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of { 10/21/23 2/24 11/19/24 }

Was there an autopsy? No 7/26/25

What test confirmed diagnosis? Pathological sections

(Signed) Wm A. Fisher M. D.

Feb 26, 1925 (Address) 718 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge DATE OF BURIAL, Feby 28, 1925

20-UNDERTAKER. John Meatchell ADDRESS 1020 W. Fayette St

D 95668

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95668

CERTIFICATE OF DEATH.

15-88

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Lehmann's Hall-N. Howard St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Delmar Gertrude Carroll .....

(Residence in Baltimore: No. 4012 Brookline Avenue St.; 25 yrs. 3 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

6-DATE OF BIRTH: November (Month) 16 (Day) 1896 (Year)

7-AGE.	If LESS than 1 day,
28 yrs. 3 mos. 9 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Special Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. Com. Bank

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Thomas C. Carroll

11-BIRTHPLACE OF FATHER. (State or Country) Portsmouth Va.

12-MAIDEN NAME OF MOTHER. Margaret Ellen

13-BIRTHPLACE OF MOTHER. (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. C. C. Carroll (brother)

(Address) 4012 Brookline Avenue

15- Filed FEB 26 1925 192.. Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute dilatation of heart

5 months (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Pulmonary emphysema

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) J. T. Hennessy M. D. (Coroner)

Feb. 24 192 5 (Address) 2 E. 20 Edmondson Ave.

(OVER)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Feb 27-25 19

20-UNDERTAKER.	ADDRESS
STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95669 D 95669

CERTIFICATE OF DEATH.

90 - 5

1-PLACE OF DEATH Bon Secours Convent

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore & Payson ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Elizabeth Carter

(a) RESIDENCE NO. Bon Secours Convent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) Jan 16, 1880

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
45	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Mrs. Morrison

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant John P. Carter (Address) 21 W. Bayberry St

15 2 6 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25-th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 15-th, 1925, to Feb. 25-th, 1925,

that I last saw h-er alive on Feb. 25, 19

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis, Myocarditis and Cardiac failure

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Chronic Infection Arthritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. & Lab. Data

(Signed) Hugh Norris, M. D.

2/26/1925 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem. W.R.d.	Feb 28 1925

20 UNDERTAKER ADDRESS

Fred A. Krause & Son 763 Hanover St.

Items 1 to 13 must be very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95670

D 95670

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH 837

CITY OF BALTIMORE: (No. 338 Hollins St ST., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celeste Marguerite Vinans Hutton

(a) RESIDENCE NO. 338 Hollins St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sam McRobert Hutton

6 DATE OF BIRTH (month, day, and year) April 14, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	69	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas McKay Vinans

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Louise Celeste Pavillon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) France

14 Informant Reginald Vinans Hutton (Son)
(Address) Linden Mill Rd Govdown Md

15 Filed ..... 19 Robert P. Harrison, Registrar

2 6 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 31st, 1924, to Feb 24th, 1925, that I last saw h[illegible] alive on Feb 24th, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

ARTERIO-SCLEROSIS

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L. Shearn, M. D.

FEB 25th, 1925 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Feb 28 1925
20 UNDERTAKER Henry W. Jenkins & Son	ADDRESS Oakland Mc Culloh St

FOR A VERY important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95671

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95671

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1207 E. North Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma Rosella Taylor

(a) Residence No. 1207 E. North Ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, ~~Married~~, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 22 1881

7-AGE. 43 yrs. 2 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Emil F. Taylor

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary A. Felle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mrs Annie Nokhman

(Address) 1207 E. North Ave

15- Robert P. Harrison, Registrar.

3 26 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1923 to Feb 23 1925

that I last saw h[illegible] alive on Feb 23 1925

and that death occurred, on the date stated above, at 1 20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(Duration) 4 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel W. Lefstetter, M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemy

DATE OF BURIAL. Feb 27 1925

20-UNDERTAKER. Jos Joerdens Son

ADDRESS 2073 Pac

Spec—12-23-21—E.B.R.S.—400 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95672

D 95672

CERTIFICATE OF DEATH.

101-001

17-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 530 Bradley St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Annie Swann

(a) Residence No. 530 Bradley St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) September 1890.

7-AGE. 35 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Don't know

12-MAIDEN NAME OF MOTHER, Don't know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Don't know

14- (Informant) James Swann

(Address) 530 N Mary & St

15- Filed 1925 Robert P. Harrison, Registrar.

FEB 26 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feby 24/25

17- I HEREBY CERTIFY, That I attended deceased from Feby 16 1925 to Feby 24 1925

that I last saw h.. alive on Feby 24 1925

and that death occurred, on the date stated above, at 5.45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

2/ (Signed) Nora E Wagner M. D.

20/ 1925 (Address) 1006 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pat Cemetery

DATE OF BURIAL, 2/27 1925

20-UNDERTAKER. Daniel Easton

ADDRESS 710 Pearce.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95673

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95673

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No.) 50 E Hamilton Ave (St.) (Ward) 27-11

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Alverda Ensor

(a) Residence No. 50 E Hamilton Ave (St.) Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 6 1853

7-AGE, 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town), (State or Country), Md

PARENTS.

10-NAME OF FATHER Isaac Ensor

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Naylor

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Md

11- (Informant) James Phillips

(Address) 50 E Hamilton Ave

15- Filed Feb 25 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 25 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1925, to Feb 25 1925, that I last saw her alive on Feb 24 1925, and that death occurred, on the date stated above, at 7.50 A.M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Isaac Ensor M. D.

Feb 25. 1925 (Address) 2718 Huntsdale Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Lot 60 Foster Lawn

DATE OF BURIAL, Feb 27 1925

20-UNDERTAKER, Edmondson & Son

ADDRESS 617 Chestnut Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

95674

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95674

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 E Clement St., 24-1 Ward) Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs M Potts

(a) Residence No. 508 E Clement St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mario Potts

6-DATE OF BIRTH (month, day and year) Mar 25 1876

7-AGE, 48 yrs. 10 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Captain

(b) General nature of industry, business, or establishment in which employed (or employer) Mario

(c) Name of employer M. M. T. Co.

9-BIRTHPLACE (city or town), (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Potts

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Kilgour Baltimore Md

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Baltimore Md

14- (Informant) Mario Potts

(Address) 508 E Clement

15- Feb 28 1925 Robert F. Harrison, 192 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 24/25

17- I HEREBY CERTIFY, That I attended deceased from June 6 19 24 to Feb 24 19 25

that I last saw h— alive on Feb 23 19 25

and that death occurred, on the date stated above, at 12-10 a.m.

The CAUSE OF DEATH* was as follows:

Pulm. tuberculosis

about 3 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) same

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Exam

(Signed) Wm Klebs Glaser, M. D.

2/25, 192 (Address) 1319 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Cross Cem Cem DATE OF BURIAL, Feb 27 19 25

20-UNDERTAKER, Margaret G Flynn ADDRESS, 1422 Light St

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95675

CERTIFICATE OF DEATH.

74 D 95675

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Toronto Ave Cathedral Heights ST. 7-8-5 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Thomas Russell

(a) RESIDENCE. No. Toronto Ave Cathedral Heights ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Burke Russell

6 DATE OF BIRTH (month, day, and year) May 20 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical Inspector 029

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer State of Maryland.

9 BIRTHPLACE (city or town) (State or country) Nomac Co Md

PARENTS

10 NAME OF FATHER James Henderson Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Ellen Russell
(Address) Toronto Ave Cathol Heights

15 Filed 3 26 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1925, to Feb 25, 1925, that I last saw him alive on Feb 24, 1925, and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency & Hypostatic Congestion of Lungs (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Wray, M. D.

, 19 (Address) 4000 Emmorton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Feb. 25 1925
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Eighth St.

Instructions on back of certificates. Exact Statement of Cause of D...

(Joseph Markowski)

D 95676

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95676

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hosp St. 24-202 WARD 3) REGISTERED NO. C

2-FULL NAME Jos. Markowski

(Residence in Baltimore: No. 1417 Clement St.) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 47 yrs. 7 mos. & 22 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Steward
(b) General nature of industry, business, or establishment in which employed (or employer) Ry

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Malicki

(Address) 1417 Clement

15-

6 1925 Robert P. Harrison, 191.. Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on the body of the deceased (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull caused by fall. Person falling from abm ms held by Sup. McCann at Sp. H.

(Duration) 7 hrs. 7 days. mos. ds.

CONTRIBUTORY (Secondary) accident

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

Feb. 26 1925 (Address) 1659 Ca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 hrs. 7 days In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Feb 27, 1925

20-UNDERTAKER John McWeeney ADDRESS 1803 Bank St

INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95677 — D 95677

CERTIFICATE OF DEATH

1-PLACE OF DEATH John Hopkin Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Lacy

(a) RESIDENCE NO. C/o Mr. J. Kopsley. Box 8 St. Spencer WARD Bound Brook, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	1	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Child

(b) General nature of industry, business, or establishment in which employed (or employer) ... #

(c) Name of employer ... #

9 BIRTHPLACE (city or town) (State or country) ... Maryland

PARENTS

10 NAME OF FATHER Edward Lacy

11 BIRTHPLACE OF FATHER (city or town) (State or country) ... Maryland

12 MAIDEN NAME OF MOTHER Mammie James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ... Maryland

14 Informant (Address) ... Records John Hopkin Hospital

15 Filed 26 1925 — Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from February 24, 1925, to February 26, 1925, that I last saw her alive on February 26, 1925, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute general miliary tuberculosis

(duration) ... yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) ... yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No ... Tuberculin test + spinal fluid exam + X Ray

(Signed) Edmund H. Kemper ... M. D.

2/26, 1925 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
Holy Rosary — Feb 28 1925

20 UNDERTAKER — ADDRESS
John M Weber — 1803 Bank St

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

95678

HEALTH DEPARTMENT—CITY OF BALTIMORE

95678

CERTIFICATE OF DEATH.

D 131

1-PLACE OF DEATH John Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Grinage.

(a) RESIDENCE NO. 22 W. Allsan St. Frederick, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Esthy Grinage

6 DATE OF BIRTH (month, day, and year) ? 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	58	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) ..... —"— 010

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) ..... Maryland

PARENTS

10 NAME OF FATHER John Grinage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER M. Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Record John Hopkin Hospital

15 FEB 26 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from February 19, 1925, to February 25, 1925, that I last saw him alive on February 25, 1925 and that death occurred, on the date stated above, at 8 45 8 m.

The CAUSE OF DEATH* was as follows:

Congenital polycystic Kidneys

(duration) 58 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No · Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy.

Signed Trevor Owen M. D.

Feb 26 1925 (Address) Johns Hopkins Hospital Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick, Md	Feb 28 1925

20 UNDERTAKER M. R. Etchison & Son ADDRESS Frederick, Md.

IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 D 95679

1-PLACE OF DEATH ~~St Jos Hosp~~

City of BALTIMORE: (No. Caroline + Oliver St., 9-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bowes.

(a) Residence No. 601 Parkwyth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 25 1925

7-AGE. ....yrs....mos....ds.

If LESS than 1 day, 24 hrs. or ....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9-BIRTHPLACE (city or town) Balto Md
(State or Country),

PARENTS.

10-NAME OF FATHER, Leo A Bowes

11-BIRTHPLACE OF FATHER (city or town) Balto Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Bessie M. Wilbern

13-BIRTHPLACE OF MOTHER (city or town) Balto Co Md
(State or Country),

14-

(Informant) 601 Parkwyth Ave

(Address) Leo A Bowes

FEB 27 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 25th 1925 to Feb 26th 1925, that I last saw h.e alive on Feb 26 1925, and that death occurred, on the date stated above, at 6:30P m. The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. B Sytert M. D

, 19 (Address) St Jos. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL. Feb 27 1925

20-UNDERTAKER. J. C. Wiedefeld — ADDRESS 914 Druid Pk

D 95680

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95680

CERTIFICATE OF DEATH.

9-2 89

1-PLACE OF DEATH

City of BALTIMORE: (No. 321 S. East Ave St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter H. Markley

(Residence in Baltimore: No. 4178 Belair Road St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Married

6-DATE OF BIRTH. July (Month) 31 (Day) 1877 (Year)

7-AGE. 47 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 066

9-BIRTHPLACE, (State or Country). Balto. md

PARENTS

10-NAME OF FATHER. David Markley

11-BIRTHPLACE OF FATHER, (State or Country). Balto. City.

12-MAIDEN NAME OF MOTHER. Catherine Sharp.

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Markley

(Address) 4517 Harford Rd

15- Filed FEB 27 1925 [illegible] J. FRED R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. February (Month) 25 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(Duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M. Fenton M. D. (Coroner)

Feb 26 1925 (Address) 700 E. Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore DATE OF BURIAL. Feb 28 1925

20-UNDERTAKER. Wm Cook ADDRESS 502 E Monument

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95681

CERTIFICATE OF DEATH.

5-2 46 D 95681

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 Aisquith St., Ward) Registered No.

2-FULL NAME Violet Richards

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 207 Aisquith St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 93 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Richards

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Harlem

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) C. H. Bryan

(Address) Annapolis Md

15-

Filed FEB 27 1925 ROBERT B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 25/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1924 to Feb 25 1925 that I last saw h.er alive on Feb 24 1925 and that death occurred, on the date stated above, at 9 15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix uteri

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher M. D.

2-26. 1925 (Address) 1612 E Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount	2/27 1925
20-UNDERTAKER.	ADDRESS
William Cook	502 E Nar[illegible] Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95682

CERTIFICATE OF DEATH.

161

D 95682

1-PLACE OF DEATH Maryland Genl. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Parks, Jr.

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb. 22, 1925

7 AGE — Years — Months — Days: 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md. Genl. Hosp. (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Calvin Christopher Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Winchester, Md.

12 MAIDEN NAME OF MOTHER Edna Marie Hubers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Calvin Parks

(Address) 1301 Mass. Ave. N.W. (Wash. D.C.)

15 FEB 27 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1925, to Feb. 26, 1925, that I last saw him alive on Feb. 26, 1925 and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cem. Cathedral Bom — DATE OF BURIAL: 2/27 1925

20 UNDERTAKER: J. J. Moran — ADDRESS 300 E. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 86 D 95683

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green Sts., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cardona

(a) RESIDENCE No. 32 Brookship Rd WARD Balt Md

(Usual place of abode)

Length of residence in city or town where death occurred Dundalk Md yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17 yrs	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West Virginia (State or country)

PARENTS

10 NAME OF FATHER Fred R Cardona

11 BIRTHPLACE OF FATHER (city or town) Pennsylvania (State or country)

12 MAIDEN NAME OF MOTHER Roberta Ross

13 BIRTHPLACE OF MOTHER (city or town) West Va (State or country)

14 Informant University Hospital Balt Md (Address)

15 Date Received FEB 27 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Feb 25, 1925, that I last saw him alive on Feb 25, 1925, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Lateral Sinus Thrombosis

Feb 2 1925 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of Feb 21-1925

Was there an autopsy? No

What test confirmed diagnosis? Operation & Laboratory

(Signed) Wm Reed Walker M. D.

, 19 (Address) University Hospital Lombard & Greene Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Feb 28 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95684

CERTIFICATE OF DEATH.

31 D 95684

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Glenwood Ave ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Joseph Murphy

(a) RESIDENCE No. 331 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Murphy.

6 DATE OF BIRTH (month, day, and year) Nov 27th 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
52	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad.

(c) Name of employer W. C. & A. Railway

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Murphy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Sleeman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Thomas J. Murphy

(Address) 331 Scott St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1925, to Feb 25, 1925, that I last saw h.. alive on Feb 25, 1925, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible], M. D.

2-26 1925 (Address) 504 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Feby 28 25
20 UNDERTAKER	ADDRESS 2296
Wm J Hartwell	W. Balto St

FEB 27 1925

Registrar of Vital Statistics

Read back of certificate. Items 1 to 20 are very important. See instructions on back of certificate.

95685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 179 D 95685

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Parker

(Residence in Baltimore: No. 727 School St. St.; 4 yrs. 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): single

6-DATE OF BIRTH: Jan. 13, 1921 (Month) (Day) (Year)

7-AGE: 4 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto. Md.

PARENTS:

10-NAME OF FATHER: John Parker

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary Kemp

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Parker

(Address) 727 School St

15-

Filed FEB 27 1925 ROBT. S. GRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. 25, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st, 2nd, & 3rd degree burns of body. (Accidental) Struck & consumed in explosion of gasoline and clothing

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Gasoline ignited

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Hennessy M. D. (Coroner.)

Feb. 26, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn DATE OF BURIAL: Feb 28 1925

20-UNDERTAKER: Virginia A. Brooks ADDRESS 1463 N. Carey

35686

178767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 35686

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Wilson

(a) RESIDENCE NO. 1450 N. Caroy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

white

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	6	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant (dd)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edgar Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) Johns Hopkins Hospital

15 Filed , 19 Registrar

FEB 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 21, 1925, to Feb 25, 1925, that I last saw h[illegible] alive on Feb 25, 1925, and that death occurred, on the date stated above, at 12 3/4 a. m.

The CAUSE OF DEATH* was as follows:

Retro-pharyngeal abscess

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Feb 28 1925
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1463 N. Carey

FEB 27 1925 [illegible] DISTRICT

TION IS very important. See instructions on back of certificates.

X-RAY FILE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95687

CERTIFICATE OF DEATH.

161-001 D 95687

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (NO. [illegible] ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sapperstein

(a) RESIDENCE NO. 823 Whitelock ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 hr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 24 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Jacob Sapperstein

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Kate Barris

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Maurice Sapperstein (Address) 1139 E Baltimore St

15 Filed FEB 27 1920 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1920

17

I HEREBY CERTIFY, That I attended deceased from Feb 24 1920, to Feb 27 1920, that I last saw h[illegible] alive on Feb 27 1920 and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Premature in fant - Birth weight 4-11 3/4 lbs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Isidore D. Levy M. D.

Feb. 19 20 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	Feb 27 1920
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto St

THIS IS very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 95688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

76-5 185

D 95688

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Marshall

(a) RESIDENCE NO. 216 S. Bouldin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Veronica Marshall

7 DATE OF BIRTH (month, day, and year) Sept 14-1862

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Frank Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Herman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Veronica Marshall

(Address) 216 S. Bouldin

Filed FEB 27 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Secondary)

(Accidently fell in street)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Fractured Femur (duration) ..... yrs. ..... mos. 7 ds.

(Signed) J. S. Kolb, M. D. (Coroner.)

2-27-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Feb. 28 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 1103 W. North Ave

Spec. 6-9-19—H. P. Co.—1000 Bks.

D 95689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-B 95689

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N. Schroeder St.; 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Richards

(a) RESIDENCE. NO. 236 N. Schroeder ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Richards

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia U. S.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia U. S.

14 Informant Mary Richards
(Address) 236 N. Schroeder St.

15 Filed FEB 27 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to Feb 25, 1925

that I last saw him alive on Feb 24, 1925

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 3 mos. ds.

18 Where was disease cuntracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chas. O'Donovan, M. D.

Feb 26 1925 (Address) 923 S. Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn et

DATE OF BURIAL Feb 28 1925

20 UNDERTAKER S. E. Brown's Son

ADDRESS 108 W Mount St

Spec.—1-10-21—M&T—1500 Bks.

17821

D 95690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

B 95690

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE (No. 17-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodora Gibson

(a) RESIDENCE No. 911 Bryne ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	6½		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Howard Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER B. Hosey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 27 1925 ROBERT B. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 3 - 1925. to Feb 24. 1925.

that I last saw her alive on Feb 24. 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

(Broncho)

Acute Primary Lobar Pneumonia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edgmund H. Kerpan M. D.

3/25 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/27 1925

20 UNDERTAKER Samuel D. Newby

ADDRESS 1125 Baltimore St

ITEMS on back of certificates. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

17856 D 95691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31001 D 95691

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 7-1 ST., WARD)

2-FULL NAME Lillian M Henry

(a) RESIDENCE No. 1006 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 19, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER L. Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records. JOHNS HOPKINS HOSPITAL

15 FEB 27 1925 [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1925 to Feb. 24, 1925.

that I last saw h[illegible] alive on Feb 24, 1925

and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute general miliary tuberculosis

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edmund H. Kerper, M. D.

2/26, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb. 27 1925

20 UNDERTAKER Mrs. P. C. Elliott ADDRESS 1725 Eastland Ave.

TION IS very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95692

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Hollins ST. 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate J. Smith

(a) RESIDENCE. No. 1921 Hollins ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs Life mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced (HUSBAND of) (or, WIFE of) Wife of William Smith

6 DATE OF BIRTH (month, day, and year) Nov. 13-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edw. Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Chas. E. Smith

(Address) 1921 Hollins St

15 Filed FEB 27 1925 ROBERT E. KRAUSE Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to Feb 25, 1925, that I last saw h[illegible] alive on Feb 25, 1925, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

2/25, 1925 (Signed) E. Hell Hammett M. D. (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cliffs	Feb. 28 1925

20 UNDERTAKER George L. Schwab ADDRESS 2.3. Bath Av.

Samuel Stewart

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95693 — D 95693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 235 N. Schroder St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Samuel Stewart

(Residence in Baltimore: No. 235 N. Schroder St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Widowed

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1865 (Year)

7-AGE.	If LESS than 1 day,
60 yrs. .....mos. .....ds.	.....hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER, (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER, (State or Country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bryce Worthington

(Address) 235 Schroder St

FEB 27 1925 ROBERT R. KRAUTER, Clerk Board of Health

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 25 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) W. K. Swaab M. D. (Coroner)

2-25 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	2/28 1925
20-UNDERTAKER,	ADDRESS
Daniel Easton	916 Pa Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95694

CERTIFICATE OF DEATH.

D 95694

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Pennington) (St.) (Ward) 11

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Manno (Mary) Michalska

(a) RESIDENCE. No. 924 Pennington St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Michalski

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Kurska

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Wirkowna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Michalski

(Address) 924 Pennington

15 Filed . 19 Registrar

FEB 27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1925

17 I HEREBY CERTIFY, That I attended deceased from October 30, 1924, to Feb. 25, 1925, that I last saw h alive on Feb. 25, 1925, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio-renal disease

(duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Thos L. Wilson M. D.

. 19 (Address) 31 W. Biddle.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Feb 28 1925

20 UNDERTAKER P. H. Ozazewski

ADDRESS 1939 Eastern

D 95695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95695

Registered No. C 183

1-PLACE OF DEATH Md. Gen. Hosp.

City of BALTIMORE: (No. ~~508 O.T.H~~ St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Johnson

(Residence in Baltimore: No. 508 Clifford St - St.; 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, colored | 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. July 17 (Month) (Day) 1914 (Year)

7-AGE. 10 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work (Crippled)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Md.

PARENTS.
10-NAME OF FATHER. James A. Johnson
11-BIRTHPLACE OF FATHER, (State or Country). Md.
12-MAIDEN NAME OF MOTHER. Mary Tucker
13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) James A. Johnson
(Address) 508 Clifford St

15-
Filed FEB 27 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 24, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest find that said deceased came to death by gunshot wound on the day stated above.

The CAUSE OF DEATH* was as follows:
Gunshot wound in head, accidental (Duration) 2 hours

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)
Feb 27, 1925 (Address) 2 W Lexington St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn | DATE OF BURIAL. 2/27 1925

20-UNDERTAKER. John H. Toadvine | ADDRESS 1021 Druid Hill Ave

Spec–12-23-21–E.B.R.S.–400 Blks.

D 95696

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95696

CERTIFICATE OF DEATH.

3-90

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 806 Stile St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph marotto

(a) Residence No. 806 Stile St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 5 mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced. (Write the word.): Boy

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Sept 25. 1914

6-DATE OF BIRTH (month, day and year): ~~bf~~

7-AGE: 10 yrs. 5 mos. ds. If LESS than 1 day, ... hrs. or ... min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: ~~Pr~~

(b) General nature of industry, business, or establishment in which employed (or employer): ~~Ho~~

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto md

PARENTS

10-NAME OF FATHER: Francesco marotto

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Mariama delisio

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Italy

11-Informant: Francesco marotto

(Address) 806 Stile

18-Filed FEB 27 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1924 to Feb 25 1925

that I last saw him alive on Feb 24 1925

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Acute Nephritis

(Duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) ... yrs. 3 mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

2/26 1925 (Address) 1038 Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: ~~Holy Redeemer Cem~~ — DATE OF BURIAL: Feb 28 1925

20-UNDERTAKER: George J. Kelbert — ADDRESS: 1735 Harford ave

Spec.—1-10-21—M&T—1500 Bks.

Shumate

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95697

CERTIFICATE OF DEATH.

D 95697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Shumate

(a) RESIDENCE No. Schoolfield Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Leonard Shumate

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Lucy Clay

13 BIRTHPLACE OF MOTHER (city or town) V. L. (State or country)

14 Informant Records (Address) Johns Hopkins Hosp

15 Filed FEB 27 1925 ROBERT R. KRAUTER Registrar

Assist. Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1924, to Feb 26, 1925, that I last saw h alive on Feb 26, 1925 and that death occurred, on the date stated above, at 6-00 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Left Occipital Glioma

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of several in past 3 mos.

Was there an autopsy? Heal examination

What test confirmed diagnosis? Operation, Frozen Sec.

(Signed) Julian D Hart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Danville Va	2/27/1925
20 UNDERTAKER Joseph Ahrens	ADDRESS 22 Bway

SECTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95698

CERTIFICATE OF DEATH.

129 D 95698

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 W Fairmount Ave ST., 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Sipek

(a) RESIDENCE NO. 1926 W Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Sipek

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Catherine Sipek 1926 W Fairmount Ave

15 Filed FEB 27 1925 ROBERT B. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25 19 25

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1924, to Jan 25, 1925, that I last saw her alive on Jan 25, 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Edward J. Coolahan M. D.

, 19 (Address)

*State the Disease Causing D... (from Viole... Causes, state (1) Means and Nature of ... whether A... ental, Suicidal, or Homicidal. (See rever... pace.)

19 PLACE OF BURIAL, CREMATIO... OF BURIAL MOVAL

New Cathedral 25

20 UNDERTAKER Roberts Brake...

HOW IS very important. See instructions on back of ... ek of certificates.

Spec.—1-10-21 M&T 1500 Bks.

D 95699

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 95699

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Pfeiffer

(a) RESIDENCE No. 1347 Poplar Grove St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day and year) [illegible] 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
55	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical work

(b) General nature of industry, business, or establishment in which employed (or employer) " 209

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Pfeiffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Mallmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rudolph C Pfeiffer

(Address) 1347 Poplar Grove St

Filed FEB 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925, to Feb 27, 1925,

that I last saw h[illegible] alive on Feb 27, 1925,

and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis following

Orbital abscess.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Anderson M. D.

Feb 27, 1925 (Address) Emergency Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery Washington Boulevard

DATE OF BURIAL Feb 29 1925

20 UNDERTAKER Sam'l M. Shaw

ADDRESS Edmondson Ave

HOW TO BE VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95700

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 D 95700

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 822 E. Preston ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Cahill

(a) RESIDENCE No. 822 E. Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Martin Cahill

6 DATE OF BIRTH (month, day, and year) Sept. 1850

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm. Malone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Agnes Lynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Michael Gately

(Address) 822 E. Preston st

15 Filed 7 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1925 to Feb 26 1925, that I last saw h[illegible] alive on Feb 25 1925, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Strangulated femoral Hernia 2 days

Myocarditis ?

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Hanlon, M. D.

(Address) 701 E Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters cemetery — DATE OF BURIAL Feb 28, 1925

20 UNDERTAKER John T. Morris — ADDRESS 300 E. Baltimore

FON is very important. See instructions on back of certificates.

D 95701

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001

18 D 95701

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Severn Apartments

City of BALTIMORE: (No. N.E.Cor. Cathedral St. & Mt. Vernon Place St. 11-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sigverd Syvertsen

(Residence in Baltimore: No. Cathedral St. & Mt. Vernon Place St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ? (Month) (Day) 1 (Year)

7-AGE. ~~32~~ (w.r.2) yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE, (State or Country): Norway

PARENTS.

10-NAME OF FATHER. Joseph Syvertsen

11-BIRTHPLACE OF FATHER, (State or Country). Norway

12-MAIDEN NAME OF MOTHER. Do not know

13-BIRTHPLACE OF MOTHER, (State or Country). Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Laura Syvertsen

(Address) Linthicum Heights

15- Filed 192 Registrar.

Robert P. Harrison,

2 T 1925

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull
Caused by Elevator
Striking (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Laceration
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)
Feb 26 192 5 (Address) 1634 Bucy

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetery	2/28, 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Spears & Son	805 N. Calvert

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95702

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

D 95702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
City of BALTIMORE, (No. 3545 Chestnut Av St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E. Norment

(a) Residence No. 3545 Chestnut Ave St., Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE White | 5-Single, Married, Widowed, or Divorced (Write the word) Married

5a-If married, widowed, or divorced, WIFE of Dr R B. Norment

6-DATE OF BIRTH (month, day and year) Dec 25 1858

7-AGE, 66 yrs. 2 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Carroll Co

PARENTS.
10-NAME OF FATHER John E. Starr
11-BIRTHPLACE OF FATHER (city or town) (State or Country) Carroll Co
12-MAIDEN NAME OF MOTHER Martha E. Curry
13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14-Informant Dr R B Norment
(Address) 3545 Chestnut Ave

15-Filed FEB 27 1925, 192 Robert F. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 27-25

17-I HEREBY CERTIFY, That I attended deceased from July 1923 to Feb 1925
that I last saw h alive on Feb 26th 1925
and that death occurred, on the date stated above, at 12 30 A m.
The CAUSE OF DEATH* was as follows:

Myocarditis
Interstitial nephritis
with Uraemia

(Duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia & hypostatic Pneum

(Duration) 0 yrs. 0 mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual signs

(Signed) Nordoz Wilson M. D.
Feb 27. 1925 (Address) 45 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge | DATE OF BURIAL, Feb 28. 1925

20-UNDERTAKER, A. S. Marshall | ADDRESS 3539 Fall Road

Stec—12-23-21—E.B.R.S.—400 Eks.

D 95703 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95703

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1406 Hull st St. W 12 Ward) Registered No. 12-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marcus Joseph Schmidt

(a) Residence No. 1400 Hull St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of: Mary Schmidt

6-DATE OF BIRTH (month, day and year): Feb 26 1867

7-AGE: 58 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer): Tinwork

(c) Name of employer: Md. Enml. Stamping Co

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14-

(Informant): Mrs. George Allen

(Address): 1400 Hull St

15-

FEB 27 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 26-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1925 to Feb. 26 1925

that I last saw him alive on Feb. 26 1925

and that death occurred, on the date stated above, at 4 00 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 4 ds

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Chas. L. Stevens, M. D.

2/27, 1925 (Address) 2878 Stafford Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Feb 25 1925

20-UNDERTAKER: Chas. L. Stevens — ADDRESS: 1501 E Fort Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95704 D 95704

CERTIFICATE OF DEATH.

X 185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Camp Holabird, Maryland St. 269 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul R Moore, (6749061) Pvt "D" 1st MRBn., [illegible].

(a) RESIDENCE. No. Camp Holabird, Md. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred --- yrs. 9 mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ***

6 DATE OF BIRTH (month, day, and year) Feb 6, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.Army

(c) Name of employer U.S.Government

9 BIRTHPLACE (city or town) (State or country) Williamsburg Penna.

PARENTS

10 NAME OF FATHER Ralph Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 ~~MAIDEN~~ NAME OF MOTHER Ruth Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Official Records,
(Address) Camp Holabird, Md.

15 Filed 2/27/1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1925 19

17 I HEREBY CERTIFY, That I attended deceased from 1.40 ~~P.M.~~ Feb 26, 1925, to 1.50 P.M. Feb 26, 1925, that I last saw him alive on 1.50 P.M. Feb 26, 1925, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows: Fracture, simple complete, 1st cervical vertebra, with skull ~~fixed~~ dislocated on atlas, accidentally received by fall while on duty at Camp Holabird, Md., Feb 26, 1925.

(duration) *** yrs. ** mos. *** ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ***

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical examination

(Signed) C H Whitwell Capt MC, M. D.

2/26/25, 19 (Address) Camp Holabird, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Phillipsburg Pa — DATE OF BURIAL: Feb 27 1925

20 UNDERTAKER: J Fennson Bro — ADDRESS: 1127 E Balto St

Spec—12-23-21—E.B.R.S.—400 Blks.

(Lebender)

D 95705

HEALTH DEPARTMENT—CITY OF BALTIMORE

95705

CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Jena Lebender

(a) Residence No. 625 N. Calvert St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year). Unknown 1859

7-AGE. 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of Industry, business, or establishment in which employed (or employer). None

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Thos Lebender

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Anna M. Lebender

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant). Hospital Record

(Address).

15- Filed 2 7 1925, 192. Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/27/25

17- I HEREBY CERTIFY, That I attended deceased from 2/7/25, 19.., to 2/27/25, 19.., that I last saw her alive on 2/27/25, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm F Clay M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Redeemer Cem	Mar 2 19 25
20-UNDERTAKER.	ADDRESS
Chas L. Wannstedt Son	118 W Mt Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

D 95706

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95706

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 Abell Ave ST., 12 WARD) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick J. Murray

(a) RESIDENCE No. 3123 Abell Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget A. Murray

6 DATE OF BIRTH (month, day, and year) March 10 - 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Bridget A. Murray

(Address) 3123 Abell Ave.

15 Filed . 19 Robert P. Harrison, Registrar

FEB 27 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23 . 19 25 . to Feb. 27 . 19 25 .

that I last saw him alive on Feb 26 . 19 25 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George M. Settle, M. D.

2/27 19 25 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Joseph's Cem. Texas Md	Mar 2 19 25
20 UNDERTAKER	ADDRESS
Chas. F. Crane & Son	1181 W. Mt. Royal Ave.

FROM EVERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

ec—12-23-21—E.B.R.S.—400 Bks.

D 95707

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95707

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 2904 Parkside Drive St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Hoffmann

(a) Residence No. 2904 Parkside Drive St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hoffmann

6-DATE OF BIRTH (month, day and year) May 29 1860

7-AGE. 64 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Asst U.S. Commissioner

(b) General nature of industry, business, or establishment in which employed (or employer) of Immigration

(c) Name of employer (U.S.)

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Louis Hoffmann

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Schmidt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Else Hoffmann (Address) 2904 Parkside Drive

15- Filed. 1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 26. 25

17- I HEREBY CERTIFY, That I attended deceased from Feby 14 1925 to Feby 26 1925 that I last saw h alive on Feby 26 1925 and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert S. Kirk M. D.

2/26, 1925 (Address) 3126 Hanford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cremation DATE OF BURIAL, Feb. 28, 1925

20-UNDERTAKER. Bro. Wm. H. Templeton & Son ADDRESS 847 W. Fayette St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95708

D 95708

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 N. Colvert St., 12 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence E. Day

(a) RESIDENCE NO. 3017 N. Colvert St. WARD 12

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Beatrice H. Day

6 DATE OF BIRTH (month, day, and year) Nov 13, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob Day.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Rebecca Cromwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant (Address) Beatrice H. Day, 3017 N. Calvert St.

15 Filed 2 7 1925, 192 Robert P. Harrison, Registrar
Dep't Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Morrison, M. D.
(Coroner.)

Feb 27, 1925 (Address) 963 Whitelock

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Feb 28 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95709

CERTIFICATE OF DEATH.

X 118 D 95709

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp St., 12-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Theodore M. Livesay

(a) Residence No. St. Augustine, Florida St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alethea Livesay

6-DATE OF BIRTH (month, day and year) July 4, 1864

7-AGE. 60 yrs. 7 mos. 23 ds. IN LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Retired lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Gallipolis, Ohio

PARENTS.

10-NAME OF FATHER, Geo. Livesay

11-BIRTHPLACE OF FATHER (city or town) (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER, Elizabeth Sarvey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N. H.

14- (Informant) Hospital Records
(Address).....

15- Filed 2-25 1925 19... Robert P. Harrison, Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). February 27-25

17- I HEREBY CERTIFY, That I attended deceased from February 11, 1925 to February 27, 1925 that I last saw h. m. alive on February 24, 1925 and that death occurred, on the date stated above, at 11:20 A.m.

The CAUSE OF DEATH* was as follows:

Coronary embolus

mos. 5
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Union Mem. Hosp.

Did an operation precede death? Yes Date of Feb 17, 1925

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Raymond F. Johnston M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Washington D.C.	2/28/25 19...

20-UNDERTAKER. Harry A. Wetzke ADDRESS 1531 W. Lombard St.

D 95710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90D 95710

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1205 N. Mosher St. Ward) 16-6

2-FULL NAME Hannah A. Hicks

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1205 N. Mosher St. St.; yrs., 60 mos. 11 ds. 25)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): widow

6-DATE OF BIRTH: March 15 (Month) (Day) 1865 (Year)

7-AGE: 60 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER, Wm. Bantum

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Hannah Green

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Hicks

(Address) 1205 N. Mosher St.

15-

Filed ..... 192.....

Robert P. Harrison,

Registrar.

FEB 8 1925

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 24 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry), and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. J. Hemmeter M. D.
(Coroner.)

Feb 27, 1925 (Address) 2 E. Lexington St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn — DATE OF BURIAL. Feb 28 1925

20-UNDERTAKER. Chas. W. Chase & Son — ADDRESS 1400 Mosher

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95711

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95711

CERTIFICATE OF DEATH. Rognal Heights

1-PLACE OF DEATH

City of BALTIMORE: (No. 4302 Walnut Ave St., 26-109-004 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Olivia N. Pryor

(a) Residence No. 4302 Walnut Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jos H. Pryor

6-DATE OF BIRTH (month, day and year) May 26 1850

7-AGE. 74 yrs. 10 mos. 00 ds. IF LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Falls City

PARENTS.

10-NAME OF FATHER James Cooke

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Leland

12-MAIDEN NAME OF MOTHER Margaret Rooney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs Paul Trussford

(Address) 103 Wyndhurst Ave

15-

Filed 192

Registrar.

FEB 28 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 26-25

17- I HEREBY CERTIFY, That I attended deceased from Feby 26 19 25 to Feby 26 19 25 that I last saw h. alive on Feby 26 19 25 and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bron

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 4302 Walnut Ave

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. K. Trump M. D.

, 19 (Address) 844 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Pikes Cemetery DATE OF BURIAL Feb 28 19 25

20-UNDERTAKER A. S. Marshall ADDRESS 3337 Falls Rd

Cor.—1-12-23—M&T—100 Bks.

D 95712

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 95712

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 N. Bent Ave ST., 5-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Bryan

(a) RESIDENCE NO. 629 N Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 7/24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	0	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Randolph Bryan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Helen Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Helen Bryan
(Address) 629 N Bentalou St

15 Filed 2-28 1925, 192
Robert P. Harrison,
Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis Bronchopneumonia
(Primary)
(duration) yrs. mos. 4 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

(Signed) J. T. Kollin, M. D.
(Coroner)
2-27 1925 (Address) 508 E Monta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Feb 28 1925
20 UNDERTAKER Chas. H. Thuston for Cremation	ADDRESS 1116 N.

Cor.—1-12-23—M&T—100 Bks.

D 95713

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95713

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear 526 N. Eden St ST., 5-2 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Carter

(a) RESIDENCE NO. Rear 526 N. Eden St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Wm. E. Grant
(Address): 2031 Division St

15 Filed 2 8 1925, 192 Robert F. Harrison, Registrar
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency
(Valvular & prob dyocardial)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Obesity
(duration) yrs. mos. ds.

(Signed) J. H. Carter, M. D.
(Coroner.)
2-28-25, 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb 28 1925

20 UNDERTAKER	ADDRESS
Chas. H. Johnson	416 N. Carolina St.

Cor.—1-12-23—M&T—100 Bks.

D 95714

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95714

CERTIFICATE OF DEATH.

5-2 100

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 625 N.Spring St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Waters

(a) RESIDENCE NO. 625 N.Spring St ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 8-25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER John H. Waters

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md

12 MAIDEN NAME OF MOTHER Lucinda Shawell

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant John B. Waters
(Address) 625 N.Spring St

15 Filed FEB 28 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob Bronchopneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J S H Bacon, M. D. (Coroner.)

2-23-25, 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL Feb 28 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

D 95715

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95715

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 mulberry ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah McCoy

(a) RESIDENCE NO. 1633 Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: Years 54 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington Co. Virginia

PARENTS

10 NAME OF FATHER John McCoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) no

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) no

14 Informant John McCoy (Address) 1630 Mulberry St

15 Filed 2-8-1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/25/25 19

17 I HEREBY CERTIFY, That I attended deceased from 1-28-25, 19 to 2-25-25, 19, that I last saw her alive on 2-25-25, 19, and that death occurred, on the date stated above, at 11 50 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W Berkley Sutton, M. D.

, 19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: March 1 1925

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 Orleans St

Cor.—1-12-23—M&T—100 Bks.

95716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95716

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 16-9 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Dargan

(a) RESIDENCE No. 917 N. Gilmor St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 17-24

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt .Md

PARENTS

10 NAME OF FATHER Rufus Dargan

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Mary Downs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Rufus Dargan
(Address) 917 N. Gilmor St

15 Filed 2 8 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Secondary Pneumonia -Broncho

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. ds.

(Signed) J. H. Wallace, M. D.
(Coroner.)

2-28-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 2/28 1925

20 UNDERTAKER Samuel P Hemsley ADDRESS W Saddle

Cor.—1-12-25—M&T—100 Bks.

B 95717

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95717

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins hospital ST., 7-24 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Hick

(a) RESIDENCE NO. 2028 Jefferson St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Hick

6 DATE OF BIRTH (month, day, and year) June 10-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Henry Hick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Josephine Hick
(Address) 2028 Jefferson St

15 Filed 192 Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J. S. H. Pallin, M. D.
(Coroner.)

2-28-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Mch 2 1925

20 UNDERTAKER Eli M. Knott Son — ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Blks.

D 95718 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95718

CERTIFICATE OF DEATH.

58-601

1-PLACE OF DEATH Hebrew Hosp

CITY OF BALTIMORE: (No. Monument St ST., 8-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME mrs Helen Nicolls.

(a) RESIDENCE NO. 1721 N. Collington St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Nicolls

6 DATE OF BIRTH (month, day, and year) July 4 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 yrs.	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Julius Krager

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Augusta Munch

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Emma Biddison (Address) 1721 N. Collington Ave

15 Filed . 19 Robert P. Harrison, Registrar

FEB 28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25. 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 . 19 25 . to Feb 25 . 19 25 , that I last saw h[illegible] alive on 2-25 . 19 25 and that death occurred, on the date stated above, at 10 Am m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(durstion) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Isidor I. Levy M. D.

Feb. 19 25 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb. 28 1925

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Pleasant St.

TION is very important. See instructions on back of certificates.

D 95719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95719

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 Baldwin St. 11-1 ward)

Registered No. C

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona G. Yoes

(Residence in Baltimore: No. 1124 Baldwin St. St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Female	colored	single

6-DATE OF BIRTH. June 26, 1880 (Month) (Day) (Year)

7-AGE. 44 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION.
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Texas

PARENTS.

10-NAME OF FATHER. Robert Yoes

11-BIRTHPLACE OF FATHER. (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Angeline Brown

13-BIRTHPLACE OF MOTHER. (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norman Yoes

(Address) 1609 Lorman St

15- Filed 2 8 1925 Robert P. Harrison, 192 Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 26, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Coroner, inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history.

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Feb. 26 1925 (Address) 2503 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cemetery	March 1 1925

20-UNDERTAKER. Mrs Jas H. Dennis per T E Kelson

ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Blks.

D 95720

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95720

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elegee Brown

(a) RESIDENCE NO. 1016 Linden ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Georgia
(State or country)

PARENTS

10 NAME OF FATHER Elegee Brown

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Ga
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed 28 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-24 1925

17

I HEREBY CERTIFY, That I attended deceased from 12-1, 1924, to 2-24, 1925
that I last saw him alive on 2-24, 1925
and that death occurred, on the date stated above, at 8 00 a. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis and Myocarditis, Myocardial Insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Claude E. Hudson, M. D.

2-24 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bowman, Ga.

DATE OF BURIAL 2/25/ 19

20 UNDERTAKER George J. Ruth

ADDRESS Mrs Lucy McCarthy. 1735 Harford Ave

THIS is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95721 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. Broadway & Fairmount St., 6-1 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Frank E. Metcalfe

(a) Residence No. Main Bridge Carroll Co Route #4 St. Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH [illegible] 1892

7-AGE, Mont 32 yrs. yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Clinton Metcalfe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Emma Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) L. L. Albaugh

(Address) Libertytown Md.

15- Filed FEB 1925 19.. Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 27-1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 19 25 to Feb 27 19 25

that I last saw h[illegible] alive on Feb 27 19 25

and that death occurred, on the date stated above, at 6.44P m.

The CAUSE OF DEATH* was as follows:

Osteo sarcoma Pelvis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolus about 20 minutes

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 27 1925

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) George B Buell, M. D

, 19 (Address) Church Home & Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Libertytown Md	March 2nd 25
20-UNDERTAKER.	**ADDRESS**
Powell & Albaugh	Libertytown Md

X-RAY FILE

Spec.—1-10-21—M&T—1500 Blks.

D 95722

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95722

CERTIFICATE OF DEATH.

+ 56

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 E. Madison ST., 10 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Yourthus Brown

(a) RESIDENCE NO. 1403 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 30, 24

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C.
(State or country)

PARENTS

10 NAME OF FATHER Spencer Brown

11 BIRTHPLACE OF FATHER (city or town) Greensboro
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Elmina Hall

13 BIRTHPLACE OF MOTHER (city or town) Salisbury
(State or country) N.C.

14

Informant Mother

(Address)

15

Filed ..... 19 .....

28 1925

Robert P. Harrison,
Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to Feb. 26, 1925, that I last saw h— alive on Feb. 26, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Rickets

(duration) yrs. 10 mos 26 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) W. E. Berry, M. D.

, 19 (Address) 1500 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	Feb 28 1925
20 UNDERTAKER John W. Henderson	ADDRESS 1502 E Monument

FROM IN very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95723

1-PLACE OF DEATH

City of BALTIMORE: (No. 41 Batavia Ave St. 27 Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Rappo

(a) Residence No. 41 Batavia Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 16-1857

7-AGE, 67 yrs. 6 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dont Know.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Oscar Fleischmann

(Address) 41 Batavia Ave

15- FEB 28 1925 Robert P. Harrison, Registrar

Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/27/1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1925, to Feb 26, 1925, that I last saw h. alive on Feb. 26, 1925, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis. Asthma. Senility.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Meyer M. D.

2/27, 1925 (Address) 1518 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park Cem — DATE OF BURIAL, 3/28/1925

20-UNDERTAKER, John Merrick — ADDRESS 2008 Eutaw St

Cor.—1-12-23—M&T—100 Bks.

95724

HEALTH DEPARTMENT—CITY OF BALTIMORE

95724

CERTIFICATE OF DEATH.

6-179

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ira Johnson

(a) RESIDENCE NO. 417 Biel's Court ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Baltic yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Hopkins Hospital
(Address)

15 Filed 2 1925 192 Registrar

THE MSE CO.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st & 2nd degree burns
(Accident 1-Coal oil lamp exploded & set fire to clothing)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J S H Toulson (Coroner) M. D.

2-23-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	DEC 26 1925 192
20 UNDERTAKER Bureau of Health,	ADDRESS
Per. Wm. R. WOODALL	

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95725

CERTIFICATE OF DEATH.

Glenwood Ave

D 95725

1-PLACE OF DEATH

City of BALTIMORE: (No. 719 Glenwood Ave St., 27-9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Small

(a) Residence No. Same St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Sgle

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 2-25-25

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION OF DECEASED —

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) —
(State or Country), Md

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (city or town) ?
(State or Country),

12-MAIDEN NAME OF MOTHER, Martin Small

13-BIRTHPLACE OF MOTHER (city or town) Washington D.C.
(State or Country),

14- (Informant) Mrs. E. Small

(Address) Same

15- Filed ..... 192.....
Registrar.

Robert P. Harrison,
Asst. (Chief) Clerk.

FEB 28 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-25-25

17- I HEREBY CERTIFY, That I attended deceased from 2-25- 1925 to 2-25- 1925,
that I last saw h. m. alive on 2-25- 1925
and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Anencephalus

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Effusion of brain & Medulla

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George W. Bishop M. D.

2-25-, 1925 (Address) 501 Aberdeen Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. UNIVERSITY OF MARYLAND

DATE OF BURIAL. Feb 28 1925

20-UNDERTAKER. Commissioner of Health,

ADDRESS

Per. Wm. E. Woodall

D 95726

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95726

CERTIFICATE OF DEATH.

188-002

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1012 W. Lafayette Avenue St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl E. Wille

(Residence in Baltimore: No. 1012 W. Lafayette Avenue St.; yrs. 59 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. September 15th 1856
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
68 yrs. 5 mos. 12 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Assistant
(b) General nature of industry, business, or establishment in which employed (or employer): Advertising Manager

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Maria Virginia Wille

(Address) 1012 W. Lafayette Ave.

15-

Filed 2-28 1925 Robert P. Harrison, Registrar.
Asst. Deputy Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of ribs left side of chest.
(Struck by street car (accidental)) (Duration) 4 hr. yrs. mos. ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) yrs. mos. 1 ds.

(Signed) J. F. T. Hennessy, M. D.
(Coroner.)

2-27 1925 (Address) 2302 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Feb 28 1925

20-UNDERTAKER,	ADDRESS
Wm. B. Cook	1031 Park

Spec.—1-10-21 M&T 1500 Blks.

D 95727

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 95727

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 13-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Trower

(a) RESIDENCE NO. 2515 Druid Hill Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Burley Trower

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Burley Trowers
(Address) 2515 Druid Hill Ave

15 Filed ..... 19 ..... Registrar

MAR 1 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/20 , 1925, to 2/26 , 1925, that I last saw HE alive on 2/26 , 1925, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Salpingitis - Chronic appendicitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis - Intestinal obstruction (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 2/21/25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Albert L. Anderson, M. D.

Feb 27, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Point wharf Norfolk	Feb 28 1925
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1463 W. Cary

PROVE is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

95728

HEALTH DEPARTMENT—CITY OF BALTIMORE

95729

D 95728

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack Carlisle Carico

(a) RESIDENCE. No. Fallston, Harford Co. Md. ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fallston Harford Co. Md.

PARENTS

10 NAME OF FATHER R. G. Carico

11 BIRTHPLACE OF FATHER (city or town) (State or country) Edmonds N. C.

12 MAIDEN NAME OF MOTHER Phoebe Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Edmonds N.C.

14 Informant (Address) R. G. Carico (father) Fallston, Md

15 Filed MAR 1 - 1925 19 ALBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1925, to Feb 27, 1925, that I last saw him alive on Feb 27, 1925, and that death occurred, on the date stated above, at 9:30 p m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Myron G. Tull, M. D.

2/28/25 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths due to External Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ebenezer Church Harford Co Md	Feb 28 1925
20 UNDERTAKER	ADDRESS
E G Kurtz & Son	Parkton Md

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95729

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95729

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1732 St. Paul St., 12-6 Ward)

Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Emma G. Myers

(a) Residence No. 1732 St. Paul St., Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? 72 yrs. 11 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Myers

6-DATE OF BIRTH (month, day and year) Feby 28-1852

7-AGE. 72 yrs. 11 mos. 29 ds. If LESS than 1 day ....hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS

10-NAME OF FATHER, John Bowman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Catherine Mockard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa

14-(Informant) Roberta A. Myers

(Address) 1732 St Paul St

15-MAR 1 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 27-1925

17- I HEREBY CERTIFY, That I attended deceased from June 1910 to February 27 1925 that I last saw her alive on February 26 1925 and that death occurred, on the date stated above, at 7.30 a. m. The CAUSE OF DEATH* was as follows:

Insufficiency mitral valve

Obstruction of the Intervertebrale

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac

(Duration) yrs. 5 mos. ds.

18-Where was disease contracted if not at place of death? up

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) A. H. A. Mayer M. D.

March 28, 1925 (Address) 2435 Linden Place.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem.	Mar 2, 1925
20-UNDERTAKER.	ADDRESS
Harry W. Ehlen	1944 W North ave

D 95730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95730

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp, 15-13 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Yancey

(Residence in Baltimore: No. 1522 Laurens St, St.; yrs. 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word): single

6-DATE OF BIRTH: Nov. 16, 1924 (Month) (Day) (Year)

7-AGE: yrs. 3 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS:

10-NAME OF FATHER: Harry Yancey

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Lena Spird

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levis

(Address) 1439 E Balt St

15- MAR 1 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. 28, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): no other history

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

Feb. 28 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lebenon Cemet

DATE OF BURIAL: 3/1 1925

20-UNDERTAKER: Jack Levis

ADDRESS: 1439 E Balt St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

Registered No. D 95731

1-PLACE OF DEATH

City of BALTIMORE: (No. 1083 W. Fayette St. St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [redacted] Sarah Goldberg

(a) Residence No. 1083 W. Fayette St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Late Aaron Goldberg

6-DATE OF BIRTH (month, day and year) 1857

7-AGE. 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS

10-NAME OF FATHER Louis Mantz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lillian

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Samuel Goldberg

(Address) 1083 W. Fayette St

15- Filed MAR 1 - 1925 HERMAN R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 1 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1925 to March 1 1925 that I last saw her alive on Feb 28 1925 and that death occurred, on the date stated above, at. 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Senile arterio sclerosis

Myocarditis

(Duration) One 1 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical Examination

What test confirmed diagnosis?

(Signed) Henry C. Cohen M. D.

March 1. 1925 (Address) 1203 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Herman Krauter — DATE OF BURIAL. 3-1 1925

20-UNDERTAKER. Jack Lewis — ADDRESS 1409 E Balt St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95732

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3903 Parkheights Ave St., 15-3 Ward)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie E. Graham

(a) Residence No. 3903 Parkheights St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Kate George T. Graham

6-DATE OF BIRTH (month, day and year) Feb 8, 1848

7-AGE, 77 yrs. mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Talbot Co Md

PARENTS.

10-NAME OF FATHER Tristram Coy

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER — Kirby

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Geo. E. Graham

(Address) 3903 Parkheights

15-

Filed, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 27-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1924 to July 27 1925

that I last saw her alive on July 27 1925

and that death occurred, on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

A Carcinoma of Uterus

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. E. Wolverton, M. D.

, 19 (Address) 728 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Easton Md DATE OF BURIAL, July 27 1925

20-UNDERTAKER, Harry H. Fritz & Co ADDRESS 1531 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95733

CERTIFICATE OF DEATH.

101-001

D 95733

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Winfield ave ST. 15-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tommaso Cento

(a) RESIDENCE NO. 3022 Winfield ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 20 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Maria Cento. 44.

6 DATE OF BIRTH (month, day, and year) 7/20/1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44		7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Italy

PARENTS

10 NAME OF FATHER Pietro Cento

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Italy

12 MAIDEN NAME OF MOTHER Angelina Corso

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Italy

14 Informant Maria Cento
(Address) 3022 Winfield ave

15 Filed ..... 19 .....
MAR 1 - 1925
ALBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-23- 1925 to 2-26 1925

that I last saw him alive on 2-26 1925

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. D'Amerco, M. D.

2-26 1925 (Address) 1614 Fleet ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 3/2/25

20 UNDERTAKER George J. Roth ADDRESS 1238 Hanford

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 95734

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 76-5 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Kelby

(a) RESIDENCE NO. 3304 Fait Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Kelby

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	11 LESS than 1 day, ... hrs. or ... min.
53 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Saganaw. Mich.

PARENTS

10 NAME OF FATHER Eloy Louis Kilby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany?

12 MAIDEN NAME OF MOTHER Anka Whitcomb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ashland Mass. ?

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 1 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1925, to Feb. 27, 1925, that I last saw him alive on Feb. 27, 1925 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 hrs

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W L Miller, M. D.

2/28 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hanpden DATE OF BURIAL Mar 1 1925

20 UNDERTAKER A S Marshall ADDRESS 3539 Falls Rd

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

95735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95735

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Mc Cubbin ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia See

(a) RESIDENCE NO. 1710 Mc Cubbin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elijah See

6 DATE OF BIRTH (month, day, and year) Jan 25, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	45	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover County Va.

PARENTS

10 NAME OF FATHER Nelson Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) King Willia Co. Md.

12 MAIDEN NAME OF MOTHER Joanna Sharp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hanover Co. Virginia

14 Informant Alice Price (Sister)

(Address) 1710 Mc Cubbin St

MAR 1 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1925, to Feb. 27, 1925, that I last saw he alive on Feb. 27, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exa

(Signed) W. S. Berry M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County — DATE OF BURIAL 9/2/25 1925

20 UNDERTAKER Byron Wright — ADDRESS 1218 McElderry

THIS IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 95736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-002 D 95736

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Soulsard & Greene - ST., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur LeRoy Ayers.

(a) RESIDENCE NO. 907 W. 34th St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb - 26 - 25 -

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
2 days -				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore - Md

PARENTS

10 NAME OF FATHER James A. Ayers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Marie Treshman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant James A. Ayers

(Address) 3009 Chestnut Ave.

15 Filed JAN 1 - 1925 Registrar

ROBERT H. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb - 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 26 - , 1925, to Feb 28 , 1925,

that I last saw him alive on Feb 28 - , 1925,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) yrs. mos Two ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) M. Alexander Novy M. D.

2/28, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lookout Hampden — DATE OF BURIAL 3/2. 1925

20 UNDERTAKER J. Walter Davis — ADDRESS 3307 Paine St

FROM IS VERY important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95737 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95737

1-PLACE OF DEATH

City of BALTIMORE: (No. 5619 Gorsuch ave St., 27-2 Ward) Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lusken

(a) Residence No. 5619 Gorsuch ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 16/1884

7-AGE. 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 86

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Salary Transfer Co

9-BIRTHPLACE (city or town) (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, John Lusken

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto md

12-MAIDEN NAME OF MOTHER, Louise T Geis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto md

14- (Informant) Louis T Stanley

(Address) 5619 Gorsuch ave

15- Filed MAR 1 1925 MURRAY R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 27/25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1925 to Feb. 28 1925

that I last saw him alive on Feb. 27 1925

and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ira A Abers M. D.

3-7- 1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	March 2 1925

20-UNDERTAKER.	ADDRESS
Williams Bros	502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 95738

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST., 26-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie M. Behringer

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	95			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bay View Hospital I.D.

(Address) Baltimore, Md.

15 Filed MAR 1 — 1925, 19 ALBERT R. KRAUTER, Registrar

Deputy Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26th 19 25

17 I HEREBY CERTIFY, That I attended deceased from 3/6/1903, 19..., to February 26. 19 25.

that I last saw h en alive on February 25th. 19 25.

and that death occurred, on the date stated above, at 7/10 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Advanced arterio sclero-sis; senile deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. [illegible] Smith M. D.

2/27 19 25 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County

DATE OF BURIAL 3/2 1925

20 UNDERTAKER William Cook

ADDRESS 502 E Wood

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 95739

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Royal Apartments ST., 11-3 WARD)

2-FULL NAME Louisa A.Kelly,

(a) RESIDENCE NO. Mt Royal Apartments ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas W.Kelly,

6 DATE OF BIRTH (month, day, and year) July 29.1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co.Md.

PARENTS

10 NAME OF FATHER John D.Scott,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co.Md.

12 MAIDEN NAME OF MOTHER Julia White,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Co.Md.

14 Informant Frank W.Little,

(Address) Mt Royal Apartments

15 Filed MAR 1 - 1925 PERCY R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1925

17

I HEREBY CERTIFY, That I attended deceased from May 5 . 1924 . to Feb 28 . 1925.

that I last saw he alive on Feb 27 . 1925

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

Operated

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Return

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 5 yrs ago

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Murry, M. D.

. 19 (Address) 1317 Edmondson Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Deals Island Md

DATE OF BURIAL MAR 3 1925 19

20 UNDERTAKER Geo W Little

ADDRESS EDMONDSON AVE.

THIS IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95740

CERTIFICATE OF DEATH.

12-4

D 95740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 Francis ST., 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Gernateu

(a) RESIDENCE NO. 2539 Francis ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	77	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Worm Works

(b) General nature of industry, business, or establishment in which employed (or employer) 007

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Gernateu

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara J

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Richard Gernateu

(Address) 2502 Brooks St

15 Filed MAR 1 - 1925 ROBERT B. KRANTZ, Registrar

Local Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby. 5 1925 to Feby 26 1925, that I last saw h alive on Feby 25 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Paremchymatous Nephritis.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteio Sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown M. D.

2/26 1925 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine	March 4 25
20 UNDERTAKER	ADDRESS
M Fahey Sons.	1821 W Fayette

FOR IS very important. See instructions on back of certificates.

Rec'd 12-23-21—E.B.R.S.—400 Bks.

D 95741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95741

12-303

1-PLACE OF DEATH

City of BALTIMORE: (No. 2403 Springhill Ave. St. 12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Tanner

(a) Residence No. 2403 Springhill Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced.~~ (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Kate Tanner

6-DATE OF BIRTH (month, day and year) May 27 1861

7-AGE. 58 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Grocery

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Yakim Tanner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Dora Ludwitz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Mrs. N. Hamburger

(Address) 2403 Springhill Ave

15- Filed 192

Registrar.

MAR 1 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 1-1925.

17- I HEREBY CERTIFY, That I attended deceased from November 19 24 to March 1 19 25

that I last saw him alive on February 28 19 25

and that death occurred, on the date stated above, at 9:15 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis -

Myocarditis Insufficiency.

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) Ile. ulcer on Penis.

(Duration) yrs. 3 mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum exam

(Signed) Louis F. Krumwiede M. D

19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Bethlehem Harmon Pa	3-1, 19 25
20-UNDERTAKER,	ADDRESS
Jos Lewis 1439	E Balto

D. 95742

HEALTH DEPARTMENT—CITY OF BALTIMORE

180-001

D 95742

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2431 N Eutaw St., 23 Ward) Plat 23-6

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnold Kleinman

(Residence in Baltimore: No. 2431 N. Eutaw St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	S

6-DATE OF BIRTH. Oct 24 1924
(Month) (Day) (Year)

7-AGE. 0 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Benj Kleinman

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Rebecca Farber

13-BIRTHPLACE OF MOTHER, (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1439 E Balto

15- MAR 1 - 1925 ROBERT B. KRAUTER, Deputy Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mar 1 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Death

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) [illegible] M. D.
(Coroner.)

Mar 1 1925 (Address) 96 S Rolland

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Rehrer Rosedale	3-1-1925

20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 E Balto

Spec.—1-10-21—M&T—1500 Blks.

D 95743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95743

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Fredk ave ST., 20 WARD 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME A. J. Elizabeth Dill

(a) RESIDENCE NO. 3109 Fredk ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. N. Dill.

6 DATE OF BIRTH (month, day, and year) March 7 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Casper B. Hoepner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Gudebrod

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant G. W. Dill

(Address) 209 Fredk ave.

15 Filed MAR 1 - 1925 ROBERT R. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924 to Feby 27, 1925.

that I last saw h[illegible] alive on Feby 26, 1925.

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. Gustav Dill M. D.

1925 (Address) 1433 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk	3-3 1925

20 UNDERTAKER Earl B Hahn ADDRESS 115-121 E Mt

TION is very important. See instructions on back of certificates.

Spec.—1-10 21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95744

CERTIFICATE OF DEATH.

64 D 95744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Harp St ST., 23-1 WARD)

2-FULL NAME Katharina Bachmann

(a) RESIDENCE NO. 1032 Sharp ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Bachmann.

6 DATE OF BIRTH (month, day, and year) 1849, Sept. 24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	76	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ———

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Conrad Schumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth M. S. Bachmann

(Address) 1032 Sharp St.

15 Filed MAR 1 - 1925 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Feb. 28, 1925, that I last saw h[illegible] alive on Feb. 27, 1925, and that death occurred, on the date stated above, at 4.40 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

stroke 6 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed djagnosis? usual

(Signed) G. Latrobe Ewalt M. D.

2/28 1925 (Address) 2945 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount (Lauraville)	3-3 1925

20 UNDERTAKER Mrs Chas A Y Fohde ADDRESS 600 Arlington Ave

FROM IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95745

CERTIFICATE OF DEATH.

101-001

D 95745

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 E. Federal ST., 8-3 WARD)

2-FULL NAME Mary Barbara Engel

(a) RESIDENCE NO. 1703 E. Federal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widow

5a If ~~married~~, widowed, ~~or divorced~~, (or) WIFE of John A. Engel

6 DATE OF BIRTH (month, day, and year) Dec. 28, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Gastner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Engel (daughter)

(Address) 1703 E. Federal St.

15 Filed 19

MAR 1 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1925, to Feb. 27, 1925, that I last saw h[illegible] alive on Feb. 27, 1925 and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

6 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar P. Sandrock, M. D.

, 19 (Address) 15 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Mch. 2-25

20 UNDERTAKER Milton W. Jones

ADDRESS 424 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95746 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95746

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 St Paul ST.; 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma J. Storch

(a) RESIDENCE. No. 2620 St. Paul ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21st, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	6,	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Public school teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William G. Storch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Martha —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Martha Storch (Address) 2620 St Paul St.

Filed MAR 2 - 1925 1925 ERNEST R. KRAUTER Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1924, to Feb 27, 1925, that I last saw h alive on Feb 26, 1925, and that death occurred, on the date stated above, at 5-30 a m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial Endocarditis

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? None

What test confirmed diagnosis? —

(Signed) J. Jefferson Beck M. D.

2/28 1925 (Address) 2846 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Humicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3/7 1925
20 UNDERTAKER	ADDRESS
Liston T. Fussellaugh	2620 St Paul

Spec- 12-23-21- E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95747 K33 D 95747

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Christs ~~Institution~~ Hospital

City of BALTIMORE: (No. 704 Ensor St St., 10-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hiram Randolph

(a) Residence No. 204 Hill St Hinton W. Va. St., W Va Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE. C

5-Single, Married, Widowed, or Divorced (write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Hiram~~

6-DATE OF BIRTH (month, day and year) April 16 88

7-AGE. 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Va

PARENTS.

10-NAME OF FATHER. John Randolph

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Sarah Randolph

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

14- (Informant) John Randolph (Address) 204 Hill St Hinton W. Va.

15- MAR 2 - 1925 ROBERT R. KRAUTER, Acting Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 1-1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 18 1924 to March 1 1925 that I last saw him alive on March 1 1925 and that death occurred, on the date stated above, at 12.15 P.M. The CAUSE OF DEATH* was as follows:

Tuberculosis of Peritoneum

(Duration) yrs. 11 mos. 9 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Peritoneum & bowels (Duration) yrs. 11 mos. 9 ds.

18-Where was disease contracted if not at place of death? Hinton W Va

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr Gill Kennard M. D

1-1 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Hinton W. Va	Mar 2, 1925
20-UNDERTAKER	ADDRESS
Mrs R. G. Elliott	172 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

B 95748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 95748

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 N. Chapel ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Parr

(a) RESIDENCE NO. 1717 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? 54 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Widower

5a If married, widowed, or divorced. HUSBAND of ~~(or) WIFE of~~ Mary J. Parr

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
About	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Miss. Catherine M. Parr

(Address) Longmeadow Mass.

15 Filed MAR 2 - 1925 By ROBT. R. KRAUT Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 2, 1925, to Feb. 27, 1925, that I last saw h~~im~~ alive on Feb 27, 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical tests

(Signed) C. C. O'Neal M. D.

Feb 27, 19 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	March 2 1925
20 UNDERTAKER Henry Hoen & Son	ADDRESS 301 E Eager

IMPORTANT—See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 001 D 95749

1-PLACE OF DEATH

City of BALTIMORE: (No. 4309 Walnut Avenue St., 28-4 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....James Ira Bowler.....

(a) Residence No. 4309 Walnut Avenue St.,.....Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Spittle

6-DATE OF BIRTH (month, day and year) ------

7-AGE, 36 yrs. -- mos. -- ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Electrical Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 030

(c) Name of employer.....

9-BIRTHPLACE (city or town) Fredericksburg (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Silas Bowler

11-BIRTHPLACE OF FATHER (city or town) Falmouth (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Phoebe Hunter

13-BIRTHPLACE OF MOTHER (city or town) Ossening (State or Country), N. Y.

14- (Informant) Mrs. Mary K. Bowler

(Address) 4309 Walnut Avenue

15- MAR 2 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/27/25

17- I HEREBY CERTIFY, That I attended deceased from 2/22/25, 19..., to 2/27/25, 19..., that I last saw him alive on 2/26/25, 19..., and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ...yrs. ...mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? ...Date of...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) ... M. D.

2/28, 19 (Address) 3755 Clark

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	3/2, 19 25

20-UNDERTAKER.	ADDRESS
Henry U. Mears & Son	805 W. Calvert

Spec.—1-10-21—M&T—1500 Bks.

Dr. Valentine

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95750

CERTIFICATE OF DEATH.

90

D 95750

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Streeper ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Monmonier

(a) RESIDENCE No. 602 N. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Monmonier

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	73	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Bernard Mc Magh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Lamet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant George W. Monmonier (Address) 602 N. Streeper St

15 Filed MAR 2 - 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1925, to Feb 27, 1925, that I last saw h[illegible] alive on Feb 27, 1925, and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Heart Failure due to Senility

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) old age.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (over)

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

(Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	March 2 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eden St

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95751

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95751

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N Patterson Park Ave ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Dessel

(a) RESIDENCE NO. 931 N. Patterson Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Dessel

6 DATE OF BIRTH (month, day, and year) Sept 12, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City

9 BIRTHPLACE (city or town) Hallo

(State or country) Md.

PARENTS

10 NAME OF FATHER Simon Dessel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Arnold

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary A. Dessel

(Address) 931 N. Patterson Park Ave

15 Filed MAR 2 - 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1925

17 I HEREBY CERTIFY, That I attended deceased from March 3rd, 1923, to Feb 28, 1925, that I last saw him alive on Feb 27, 1925, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 11 mos 25 ds.

CONTRIBUTORY (Secondary) arthritis & Heart failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) John A Rudolph, M. D.

, 19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL March 3 1925

20 UNDERTAKER H. Sander Sons

ADDRESS 1710 E Lombard

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-B 95752

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1629 N. Calvert ST., 17-6 WARD

2-FULL NAME Annie F. Ward

(a) RESIDENCE NO. 1629 N. Calvert ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Ward

6 DATE OF BIRTH (month, day, and year) January 12, 1856

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
69	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Fanny Heltzafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London Co. Tyr

14 Informant J. H. Schmidt
(Address) 1629 N. Calvert St

15 Filed ..... 19 .....
Registrar

MAR 2 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 28 1925 to Mar. 1 1925

that I last saw him alive on Mar. 1 1925

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Benj. D. Hayden M. D.

3/2/1925 (Address) 1216 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL 3/3/25 19

20 UNDERTAKER C. Carson Kennard

ADDRESS 1723 N. Lafayette

TION is very important. See instructions on back of certificate.

D 95753

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95753

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 232 S Bethel St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lettie Moore

(Residence in Baltimore: No. 232 S Bethel St. (yrs., 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH.

..... (Month) ..... (Day) 1825 (Year)

7-AGE.	If LESS than 1 day,
60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house work
(b) General nature of Industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country). Md. D

PARENTS.

10-NAME OF FATHER. James h morgan

11-BIRTHPLACE OF FATHER, (State or Country). Md. D

12-MAIDEN NAME OF MOTHER. un known

13-BIRTHPLACE OF MOTHER, (State or Country). un known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James h morgan

(Address) 1804 David hill ave

15-

MAR 2 - 1925

Filed ....., 19..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hunter M. D.
(Coroner.)

Feb 27 1925 (Address) 700 E Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
asbury cemetery	march 2 1925

20-UNDERTAKER.	ADDRESS
Edward Bryan	1681 Orleans st

D 95754

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 95754

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1017 Watson St. 3-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Parks

(Residence in Baltimore: No. 1017 Watson St.; yrs. 48 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH. 1877
(Month) (Day) (Year)

7-AGE. 48 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Salt City

PARENTS.

10-NAME OF FATHER. John Brown

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. mary smith

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) george Sparkplug

(Address) 1017 watson st

15- Filed MAR 2 - 1925 192. ARTHUR R. KRAUTER, Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 27 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) James M. Fenton M. D.
(Coroner.)

Feb 28 1925 (Address) 700 E. Eden

*State the **Disease Causing Death**, or, In deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury cemetery	march 3 1925
20-UNDERTAKER.	ADDRESS
Edward Bryon	1631 orleans st

Spec.—1-10-21—M&T—1500 Blks.

17618

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95755

CERTIFICATE OF DEATH.

90

D 95755

1-PLACE OF DEATH John Hopkins Hospital 6-1 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbert Evans

(a) RESIDENCE NO. 417 N. Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Grace Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) John Hopkins Hospital

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1924, to Feb 24, 1925, that I last saw him alive on Feb 24, 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) J. H. Hospital, Balt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL march 4 1925

20 UNDERTAKER Edward Bryan — ADDRESS 1691 Orleans st

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

D 35756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 35756

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Guilford Ave. ST., 12-6 WARD) REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard H. Groverman.

(a) RESIDENCE NO. 1819 Guilford ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Selden Groverman

6 DATE OF BIRTH (month, day, and year) Dec 12, 1846

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78 years	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Anthony Groverman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hellen Griffith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm. H. Crane. (Address) Hamilton Md. Washington

15 Filed MAR 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 28 1925

17 I HEREBY CERTIFY, That I attended deceased from ..... 1924, to Feby 28, 1925.

that I last saw him alive on Feby. 27, 1925.

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Heart Failure

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What tests confirmed diagnosis? .....

(Signed) [illegible] M. D.

19 (Address) 2511 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forwarded Cemetery — DATE OF BURIAL Mch 2 1925

20 UNDERTAKER John. E. Mitchell ADDRESS 201 W. Fayette St

TION IS very important. See instructions on back of certificate.

U.S.A.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95757

CERTIFICATE OF DEATH.

D 95757

REGISTERED NO. 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 259 S Ann St.; V-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Otto Seippel

(a) RESIDENCE. No. 259 S Ann ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Emma R Seippel

6 DATE OF BIRTH (month, day, and year) Feb 26 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Conrad Seippel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Frederick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Emma R Seippel
(Address) 259 S Ann St

15 Filed ....., 19 .....

ROBERT R. KRAUSE, Registrar
Burial Permit Clerk.

MAR 2 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1925, to Feb 27, 1925, that I last saw him alive on Feb 27, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. One ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb 10, 1925

Was there an autopsy? For Cataract

What test confirmed diagnosis? .....

(Signed) John H Graham Jr, M. D.

Feb 25, 1925 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem.	March 1925
20 UNDERTAKER	ADDRESS
Tilly & Zitzer	403 S Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95758

CERTIFICATE OF DEATH.

101-001

D 95758

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette and Payson ST.) 16-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Jones

(a) RESIDENCE NO. 107 North East Ave ST., 26 WARD Highland Town
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 21st 1922

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	2	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER William A. Jones.

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Carrie Sigmund

13 BIRTHPLACE OF MOTHER (city or town) Baltomd
(State or country)

14 Informant William A. Jones (Father)
(Address) 107 N. East Ave

15 Filed MAR 2 - 1925 H. R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21st, 1925, to Feb. 27th, 1925, that I last saw him alive on Feb. 27th, 1925, and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Empyema Left Chest

(duration) yrs. 1 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb. 26th

Was there an autopsy? No

What test confirmed diagnosis? X-ray of chest

(Signed) Hugh Powell, M. D.

2/27/1925 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Mch 2nd 1925

20 UNDERTAKER Lilly-Gieler ADDRESS 1033 S. Wolfe St

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 D 95759

REGISTERED NO.

D 95759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Warren Ave ST., 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin J. Heiger

(a) RESIDENCE NO. 208 Warren Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	51	2	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer): S. B. Sexton

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Heiger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie E. Schiefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Marie E. Heiger (Address) 208 Warren Ave

15 Filed ....., 19 ..... ALBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27. 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Feb 27, 1925.

that I last saw him alive on Feb 27, 1925.

and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Intestinal from neck Carcinoma

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm. Lach, M. D.

19 (Address) 831 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: March 2, 1925

UNDERTAKER: Mathias J. Smith & Son ADDRESS: 848 W. Fayette

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95760

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 N.Wolfe St. ST., 7-1 WARD)

REGISTERED NO. D 95760

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Killian C.Waldhauser

(a) RESIDENCE NO #734 N.Wolfe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie M.Waldhauser

6 DATE OF BIRTH (month, day, and year) Aug.15th.1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Harness Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Himself

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Michael Waldhauser

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Annie C.Waldhauser
(Address) #734 N.Wolfe St.

15 Filed ..... , 192 ..... Registrar

MAR 2 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb.28th.1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an 2/28/25 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulated Hernia (Rt)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Accidently struck by limb of tree above hernia (duration) ..... yrs. mos. 2 ds.

(Signed) J. J. Doran, M. D.
(Coroner.)

3-1-25, 192 (Address) 508 E. Noerth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 3/4 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St.

Spec--12-23-21--E.B.R.S.--400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95761 — 101-001 — D 95761

1-PLACE OF DEATH Church Home & Infirmary — 6-3 — Registered No.

City of BALTIMORE: (No. ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Catherine Miller

(a) Residence No. 447 N. Luzerne St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6-DATE OF BIRTH (month, day and year): Mar 16 86

7-AGE: 38 yrs. 11 mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Miller Bros

9-BIRTHPLACE (city or town) (State or Country): City

PARENTS.
10-NAME OF FATHER: Arnold Miller
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12-MAIDEN NAME OF MOTHER: Mary Betz
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-(Informant): Mary Betz
(Address): 447 N. Luzerne Ave

15-MAR 2 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 27-1925

17- I HEREBY CERTIFY, That I attended deceased from February 16, 1925 to February 27 1925, that I last saw her alive on February 27, 1925, and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Empyema, subsequent to Lobar Pneumonia, (C)

(Duration) ... yrs. ... mos. 14 ds. (?)

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? ?
(Street and No. or Place of Employment) (City or Town)
Did an operation precede death? Yes Date of Feb 16, 1925
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) L. W. Saunders M. D
19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mathews — DATE OF BURIAL: 3/2 1925

20-UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95762

CERTIFICATE OF DEATH.

41

D 95762

1-PLACE OF DEATH

City of BALTIMORE: (No. So. Balto. Gen'l. Hosp. St., 6-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Chambers

(a) Residence No... 432 N. East Ave. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 15th 1925

7-AGE. ....yrs. ....mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....—

(b) General nature of industry, business, or establishment in which employed (or employer).....—

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Stanley Chambers

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Canada

12-MAIDEN NAME OF MOTHER. Katie Franklin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Canada

14-

(Informant) Stanley Chambers

(Address) 432 N. East Ave

15-

MAR 2 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1925 to Feb March 1 1925

that I last saw h. m. alive on Feb 28 1925

and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of buttocks -
Sepsis and scrotum -

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Leukaemia

(Duration) ... yrs. ... mos. 2 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of Feb 27th

Was there an autopsy? No

What test confirmed diagnosis? None -

(Signed) ... Walter D. Wise M. D.

, 19 (Address) 1800 N. Charles St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cemetery

DATE OF BURIAL. 3/2/ 1925

20-UNDERTAKER. E. J. Fanning & Son

ADDRESS 1900 Battery Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95763

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 N. Linwood Ave St., 6-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Cahill

(a) Residence No. 119 N. Linwood Ave St., 6 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Cahill

6-DATE OF BIRTH (month, day and year) Dec 18th 1904

7-AGE. 21 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS

10-NAME OF FATHER. Louis Rosasco

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Rose Maldesta

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14- (Informant) Julia Lyons

(Address) 410 N. Linwood Ave

15- MAR 2 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feby 27-25

17- I HEREBY CERTIFY, That I attended deceased from Feby 27 19 25 to Feby 27 19 25 that I last saw h.. alive on Feby 27 19 25 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Coming West Falun - (Cancer)

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. L. Valentine M. D.

March 2 19 25 (Address) 14 E. Preston

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral — DATE OF BURIAL. March 3rd 1925

20-UNDERTAKER. Frank V. Pepitone — ADDRESS 1800 E 32nd St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 95764

1-PLACE OF DEATH

City of BALTIMORE: (No. 1341 S. Charles St., 23 - 2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis C. Wode

(a) Residence No. 1341 S. Charles St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Wode

6-DATE OF BIRTH (month, day and year) April 10, 1900

7-AGE. 24 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto., Md

PARENTS.

10-NAME OF FATHER. Louis Wode

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto., Md.

12-MAIDEN NAME OF MOTHER. Alice Conway

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto., Md.

14- (Informant) Mrs. Wode

(Address) 1341 S. Charles St.

15- MAR 2 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 31, 1924 to Feb 27, 1925

that I last saw him alive on Feb 26, 1925

and that death occurred, on the date stated above, at 1 A M

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency.

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertension

Pulmonary Tuberculosis (Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

3/2, 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cem. DATE OF BURIAL. March 4, 1925

20-UNDERTAKER. Margaret F. Flynn ADDRESS 1422 Light St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95765

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95765

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH

City of BALTIMORE: (No. 144 W Hamburg St., 23-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Parker

(a) Residence No. 144 W. Hamburg St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F.

4-COLOR OR RACE, Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm Parker

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 32 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) (37)

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Minnie Thompson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14-

(Informant) Mrs F. Parker

(Address) 144 W Hamburg St.

15-

Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

APR 2 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/27/25

17- I HEREBY CERTIFY, That I attended deceased from 3/26/25 19.. to 3/27 19 25

that I last saw h.. alive on 3/27 19 25

and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Puerperal Eclampsia

Premature Labor (Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & microscopical

(Signed) Emil Conley M. D.

3/27, 192 (Address) 608 Lombard E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, 3/2, 1925

20-UNDERTAKER, Walter B. Spriggs — ADDRESS 139 W. Hamburg St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95766

CERTIFICATE OF DEATH.

D 95766

1-PLACE OF DEATH Pronounced Dead, Registered No. C.....

City of BALTIMORE: (No. St. Joseph's Hospital St., 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Wolf

(Residence in Baltimore: No. 1724 Snyder Ct St.; 49 yrs., 6 mos., 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, ~~Widowed~~, or Divorced, (Write the word.)
Male	white	Married

6-DATE OF BIRTH. Aug 16 1875 (Month) (Day) (Year)

7-AGE. 49 yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Receiving Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cotton & Broadway

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Barbara Wolf

(Address) 1724 Snyder Court

15- Filed MAR 2 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, au- Inquest find that said deceased came to death topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Lungs

(Duration) yrs. mos. ds.

(Signed) James M Denton M. D. (Coroner.)

Feb 28 1925 (Address) 700 Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
1st German Cem	Mar 3rd 1925

20-UNDERTAKER. Peter Nicolaus ADDRESS 2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

95767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 D 95767

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Baltimore Raymond St. Outlet) (ST. OR AVENUE) (WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Robertson Robinson

(a) RESIDENCE NO. 202 N Schrader ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Robinson

6 DATE OF BIRTH (month, day, and year) Nov 5, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fairlee Kent Co. Md.

PARENTS

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carolina Co. Va

12 MAIDEN NAME OF MOTHER Georgiana Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co. Md.

14 Informant Fannie Robinson

(Address) 202 Schrader St

15 Filed MAR 2 - 1925 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1925, to Feb 27, 1925, that I last saw h~~im~~ alive on Feb 27, 1925, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

about (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 ~~10~~ ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Clement R. Moran, M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar. 3 1925
20 UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	3721 Schrader St

FROM is very important. See instructions on back of certificate.

D 95768 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95768

1-PLACE OF DEATH

City of BALTIMORE: (No. 1837 Eagle St. St., 19-2 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Finnegan.

(Residence in Baltimore: No. 1837 Eagle St St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female.	white.	married

6-DATE OF BIRTH. Unknown, ... 1868.
(Month) (Day) (Year)

7-AGE. 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... house work.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER. John McDonnell

11-BIRTHPLACE OF FATHER, (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Unknown.

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. John Finnegan

(Address) 1837 Eagle St.

15-

Filed ..... 192..

MAR 2 - 1925

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 28th 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 1 wk ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Norton M. D.
(Coroner)

March 1st 1925. (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem.	March 5. 1925
20-UNDERTAKER. John J. Cowan & Son	ADDRESS 901 Hollins St.

Spec. 1-10-21 M&T 1500 Blks.

D 95769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 D 95769

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 S. Bond ST., 3-4 WARD)

2-FULL NAME Noah. T. May.

(a) RESIDENCE NO. 532 S. Bond st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence May.

6 DATE OF BIRTH (month, day, and year) July 4 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	Years		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick maker.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Balt. Brick Co

9 BIRTHPLACE (city or town) (State or country) Page County. Va.

PARENTS

10 NAME OF FATHER Joseph May.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Page Co Va.

12 MAIDEN NAME OF MOTHER Amada Norman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Page Co Va.

14 Informant Mary E. Raines

(Address) 532 S. Bond st

15 MAR 2 - 1925

Registrar

Clerk Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1925, to Feb 26, 1925, that I last saw him alive on Feb 25, 1925, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) M H Patterson M. D.

Feb. 1925 (Address) 721 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	March 2, 25

20 UNDERTAKER ADDRESS

Geo. J. Ruth 1735 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

D 35770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St., 14-1 Ward)

Registered No. D 35770

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Katie Watts

(a) Residence No. 640 Mosher St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1883

7-AGE. 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer). Cook

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS:

10-NAME OF FATHER. George Green

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Carrie Richardson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant). Chas Stevenson

(Address) 1630 McCulloh St.

15- FILED MAR 2 - 1925 WEST R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 1st 1925 to Mar 1st 1925

that I last saw her alive on Mar 1st 1925

and that death occurred, on the date stated above, at 11.15 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Paralysis)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Not known

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Robert Parks Residence 1630 McCulloh St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Harvey F. Brown M. D.

3/1, 1925 (Address) 1501 Freeman St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. MK. Cemetery

DATE OF BURIAL. Mar 4th 1925

20-UNDERTAKER. James E. Wright

ADDRESS 1341 W. Cary

Spec—12-23-21—E.B.R.S.—400 Eks.

Dr Dieterich
621 East Blvd.

95771

HEALTH DEPARTMENT—CITY OF BALTIMORE

95771

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH
City of BALTIMORE: (No. 903 Columbia ave St., 21-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Capt George W Smith

(a) Residence No. 903 Columbia ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9yr yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V Smith

6-DATE OF BIRTH (month, day and year) Nov 29 1857

7-AGE. 67 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Capt 03rd
(b) General nature of industry, business, or establishment in which employed (or employer) Fire Depart
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George J Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.

12-MAIDEN NAME OF MOTHER, Wilhelmina Nicholas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) Emma Smith
(Address) 903 Columbia ave.

15- Filed MAR 2 - 1925 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 28/25

17- I HEREBY CERTIFY, That I attended deceased from February 20 19 25 to Feb 28 19 25
that I last saw living on Feb 28 19 25
and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Erysipelas 10 days
Chr. Int. Nephritis 3 year
Chr. Endocarditis " "

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Test

(Signed) J M Dieterich, M. D.
Mar 1 19 25 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Hill Cemetery
DATE OF BURIAL. Feb 3 19 25

20-UNDERTAKER. Wm Cook
ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95772

CERTIFICATE OF DEATH.

10 001

D 95772

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 E. North Ave ST., 9-1 WARD)

2-FULL NAME Margaret Elizabeth McKay.

(a) RESIDENCE NO. 922 E. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer W.H.

(b) General nature of industry, business, or establishment in which employed (or employer) Mercantile Agency.

(c) Name of employer R. G. Dun Mercantile Agency

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER William Franklin McKay.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lydia Troh.

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Balto. Co. Maryland.

14 Informant Mrs. Anna V. Stewart.
(Address) 922 E. North Ave.

15 Date MAR 2 - 1925 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28 1925

17

I HEREBY CERTIFY, That I attended deceased from February 21, 1925, to February 28, 1925, that I last saw her alive on February 28, 1925, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory Findings

(Signed) Chas. Wilbur Stewart M. D.

3/1, 1925 (Address) 1739 E. 28th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: March 3, 1925

20 UNDERTAKER: Furhelm & Perkins — ADDRESS: 1733 Eager

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95773

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 19-2 WARD) 101

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Henderson

(a) RESIDENCE No. 1842 W Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Christian Henderson

6 DATE OF BIRTH (month, day, and year) Dec 16, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John M. Douglass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Alice M. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant G. H. Henderson
(Address) 1842 W. Pratt St

15 Filed MAR 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1925, to Mar 1, 1925, that I last saw h[illegible] alive on Mar 1, 1925, and that death occurred, on the date stated above, at 5 55 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Toxic Jaundice

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Szucs M. D.

, 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 6 1920
20 UNDERTAKER	ADDRESS
McGuinn-Carroll	1203 Reedsdale ave

THION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95774

74001

B 95774

REGISTERED No. 20-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Old Frederick Road ST., 20th, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Hogg (nee Fullenkamp).

(a) RESIDENCE No. 3620 Old Frederick Road ST., 20th, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Sheppard Hogg.

6 DATE OF BIRTH (month, day, and year) Apr. 27th. 1848

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
76	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Henry Fullenkamp

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country) Hanover, Germany

12 MAIDEN NAME OF MOTHER Eliza Widekamper

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country) Berlin, Germany

14 Informant John Edward Hogg (Son)
(Address) 3620 Old Frederick Road (Balto.)

15 Filed MAR 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1924, to March 1, 1925, that I last saw her alive on Feby 28, 1925, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Engle, M. D.

3/2 1925 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 3" 1925

20 UNDERTAKER Wm. J. Hartwell ADDRESS 2236 W. Baltimore St.

(1) Wm. J. Hartwell

(2) Burial Permit Issued

Spec.—1-10-21—M&T—1500 Bks.

D 95775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-6 47 D 95775

1-PLACE OF DEATH Bay View Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Municipal Hospital ST. at Bay View WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Fryer Fisher Blackstone

(a) RESIDENCE NO. 1229 Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	29?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Blackstone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Bay View Hospital Records

15 Filed ....., 19 ..... Registrar

MAR 2 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/13, 1925, to 2-27, 1925,

that I last saw he alive on 2-27, 1925,

and that death occurred, on the date stated above, at 6 40 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia left chest

with metastasis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical-Lab-autopsy

(Signed) Arnold L. Jensen M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 3-2- 1925

20 UNDERTAKER Daniel Easton — ADDRESS 916 E Fayette

(1) IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95776

CERTIFICATE OF DEATH.

90 D 95776

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1002 N Payson ST., 16-6 WARD)

2-FULL NAME Barbara E. Lay

(a) RESIDENCE No. 1002 N Payson ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Lay

6 DATE OF BIRTH (month, day, and year) May 9 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	62	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER John Creamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna Bard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Lillian Lay
(Address) 1002 N Payson

15 Filed MAR 2 - 1925, 19.....

CHAS. H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1925, to Feb 25th, 1925, that I last saw h[illegible] alive on Feb 25th, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of

Was there an autopsy? -

What test confirmed diagnosis? Usual

(Signed) H. H. Hammer, M. D.

2/26/1925 (Address) 1939 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL Mch 3 1925

20 UNDERTAKER Bernard Finn — ADDRESS 1036 Vale

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D. 95777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95777

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 17-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Butler

(a) RESIDENCE NO. 543 Orchard ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 yr			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Butler

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annie Butler

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Municipal Hosp. Records
(Address)

MAR 2 - 1925

Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1925, to Feb 27, 1925, that I last saw him alive on Feb 27, 1925 and that death occurred, on the date stated above, at 6:50 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension, Chronic Myocarditis (Degenerative) Myocardial Insufficiency.

(duration) yrs. 8 mos (History)

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

2/27, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar 2" 1925

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1309 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Burkow

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95778

D 95778

REGISTERED NO.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raymond & Dolland St., 15-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Isaac Burkow

(a) RESIDENCE NO. 2201 Baker ST. 5th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bessie Burkow

6 DATE OF BIRTH (month, day, and year): Dec 28-1852

7 AGE: Years 53 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Grocery

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Lewis 1439 Eutaw St

15 Filed MAR 2 - 1925, 19 ... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 28, 1925, to Mar 2nd, 1925;

that I last saw him alive on March 2nd, 1925;

and that death occurred, on the date stated above, at 12:20 A.M.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Disease

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Clement R. Monroe, M. D.

3/1, 1925 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Nash Rood

DATE OF BURIAL: 3/2 19 25

20 UNDERTAKER: Jack Lewis 1439 Eutaw

ADDRESS

TION IS very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 95779

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1734 Glyndon ave St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Usher

(a) Residence No. 1734 Glyndon ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Casper Usher

6-DATE OF BIRTH (month, day and year) 1/23/1858

7-AGE. 67 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home - M

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Hungary

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Hungary

14- (Informant) James Szalay

(Address) 4923 Dennison ave

15- MAR 2 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar-1-1925

17- I HEREBY CERTIFY, That I attended deceased from 1/10....., 1920 to 3-1-1925, that I last saw her alive on 2-27, 1925, and that death occurred, on the date stated above, at 3 a, m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Chronic Myocarditis

Chronic Nephritis

(Duration) yrs. unknown ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis?.....

(Signed) Dr. Strauber M. D.

3/2, 19 25 (Address) 1232 W Lee

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Mar 3, 1925
20-UNDERTAKER.	**ADDRESS**
George J Smith	Hollins St

Spec.—1-10-21—M&T—1500 Bks.

D 95780

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. St. Hospital ST. WARD)

REGISTERED NO. D 95780

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Albert Field

(a) RESIDENCE No. 600 Popular Grove St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred about 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) March 12, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ~~hrs.~~ or ~~min.~~
	64 yrs.	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER J. A. Field.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Providence R. I.

12 MAIDEN NAME OF MOTHER Catherine Telford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. H. W. Shenedith

(Address) 2315 N. Fulton Ave

15 Filed MAR 2 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~Feb.~~ 27, 1925, to Mar 1, 1925, that I last saw him alive on Mar 1, 1925, and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia.

about 5 days mos. ds. (duration)

CONTRIBUTORY (Secondary) Cardiac Dilatation

15 minutes (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? ~~Date of~~ no.

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Clement R. Monroe M. D.

3/1/25 (Address) West Balto. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Greenmount

DATE OF BURIAL MAR 4 1925

20 UNDERTAKER Geo W. Little

ADDRESS 2700 EDMONDSON AVE.

THIS IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Fringe & Fisher

95781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95781

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George H. Fisher

(a) Residence No. Salisbury, N.C. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

6-DATE OF BIRTH (month, day and year) ? ? 1870

7-AGE. 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate Man

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, J. T. Fisher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N.C.

12-MAIDEN NAME OF MOTHER, Mary Bernhardt.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N.C.

14- (Informant) Hospital Records

(Address)

15- MAR 2 - 1925 192 ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 1 - 25

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1925 to March 1 1925

that I last saw h.. alive on March 1 1925

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 0 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Brain tumor

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Feb 25th & 26th 1925

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Raymond F. Johnston M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Salisbury N C

DATE OF BURIAL, Mar 2 1925

20-UNDERTAKER, Harry A. Witzke

ADDRESS 503 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

D 95782

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 95782

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Indiana Purcell

(a) RESIDENCE NO. 207 Grindall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Richard Purcell

6 DATE OF BIRTH (month, day, and year) Nov 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Edward Belcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Municipal Hospital Records (Address)

MAR 2 - 1925

ROBERT R. KRAUTER, Registrar

Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-20 1925 to 3-1 1925 that I last saw her alive on 3-1 1925 and that death occurred, on the date stated above, at 9.25 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic dilatation of the heart (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) Claude G. Dorsey, M. D.

3-1. 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gloucester Point Va DATE OF BURIAL 3-2 1925

20 UNDERTAKER E & J Hall ADDRESS 115-121 E West St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

95783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95783

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 West Franklin ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Katherine Wilhelmina Rolf

(a) RESIDENCE NO. 1309 West Franklin ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Ed Rolf.

6 DATE OF BIRTH (month, day, and year) Mar 31st 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Buermann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susanna Lenz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant William Ed. Rolf.

(Address) 1309 West Franklin St

MAR 2 - 1925

ROBERT R. KRAUTER, Registrar

Baltimore Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 23 . 1925 . to Feb 28 . 1925 .

that I last saw her alive on Feb 27 . 1925

and that death occurred, on the date stated above, at 5:05 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ~ yrs. ~ mos. 6 ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(duration) over 2 yrs. ~ mos. ~ ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Olds M. D.

(Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Violettsville Md	3/3/25
20 UNDERTAKER	ADDRESS
Geo. Weber & Son	2503 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Lily O'Dowd

95784

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 95784

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balt. general (Hospital).

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME mrs Lillian O. Dowd.

(a) RESIDENCE NO. 123 Beechland Ave WARD
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of mr Ralph O Dowd

6 DATE OF BIRTH (month, day, and year) Oct 30 1901

7 AGE 23 Years | Months 4 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work clerk
(b) General nature of industry, business, or establishment in which employed (or employer) life insurance
(c) Name of employer mutual life ins. co.

9 BIRTHPLACE (city or town) (State or country) Camden N.J.

PARENTS

10 NAME OF FATHER Jacob Billstar
11 BIRTHPLACE OF FATHER (city or town) (State or country) England.
12 MAIDEN NAME OF MOTHER —
13 BIRTHPLACE OF MOTHER (city or town) (State or country) norway.

14 Informant (Address) Wm N. R. Concadon 123 Buchland ave Hamilton

15 Filed MAR 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/28/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/25 .1925. to 2/28/ .1925.
that I last saw h alive on 2/28/ .1925.
and that death occurred, on the date stated above, at 6.50 P m.
The CAUSE OF DEATH* was as follows:

Chronic Salpingitis

(duration) 2 yrs. mos wd ds.

CONTRIBUTORY (Secondary) Acute generalized peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/26/25

Was there an autopsy? yes.

What test confirmed diagnosis? clinical & operative

(Signed) Clement R. Monroe, M. D.

19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pairwood

DATE OF BURIAL 3/4/25 19

20 UNDERTAKER Ed. Weber & Son 2503 Edmondson ave

ADDRESS

TION IS very important. See instructions on back of certificate.

Spec. 1-10-24—M&T—1500 Blks.

95785 Kuethe

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 95785

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 25-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Kuthe

(a) RESIDENCE NO. 333 Patapsco ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, ~~widowed~~, or divorced HUSBAND of ~~(or) Wife of~~ Caroline Kuethe

6 DATE OF BIRTH (month, day, and year) [illegible] 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	59	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm Kuthe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Kuthe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Municipal Hosp. Records

15 Filed ....., 19 ..... AUGUST R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/25 19

17

I HEREBY CERTIFY, That I attended deceased from Feb. 14 1925 to March 1 1925.

that I last saw him alive on March 1 1925

and that death occurred, on the date stated above, at 9:25 a m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W L Miller M. D.

3/1/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Mar 4 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Monument

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

D 95786

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 Poplar ST., 25-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Flint Sarsuch

(a) RESIDENCE NO. 124 Poplar ST., 25 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Gertrude Sarsuch

6 DATE OF BIRTH (month, day, and year): Mar 28 1858

7 AGE — Years: 66 — Months: 11 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman 086

(b) General nature of industry, business, or establishment in which employed (or employer): at Industrial plants

(c) Name of employer: Rituies —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Robert Sarsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mat Knorr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Sophronia Sarsuch 124 Poplar Ave

15 Filed MAR 2 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20 1924 to March 1 1925

that I last saw him alive on March 1 1925

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 1 yrs. 10 mos ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Leigh J. Stonesifer M. D.

(Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olive Cem Frederick Co — DATE OF BURIAL: 3/4 1925

20 UNDERTAKER: Edw Trout — ADDRESS: 342 E Lomb St

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95787

CERTIFICATE OF DEATH.

129

B 95787

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 14-1 WARD)

2-FULL NAME Harold Emmart

(a) RESIDENCE No. 1500 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Emmart

6 DATE OF BIRTH (month, day, and year) Feb 17, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER William Emmart

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Hartzell

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Municipal Hospital Records (Address)

15 Filed ....., 19 ..... Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-22, 1925, to 3-1, 1925, that I last saw him alive on 3-1, 1925, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uremia — 7 days

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab

(Signed) Claude E. Dorsey, M. D.

3-1, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Mar 4 1925

20 UNDERTAKER Wm Cook ADDRESS 532 E Baltimore

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95788

D 95788

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John F Collins

(a) Residence No. 906 E North St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1864

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (City or town) (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER. Peter Collins

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER. Mary O'Connor

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Hospital Record

(Address)

15- [illegible] 192

MAR 2 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/28/25

17- I HEREBY CERTIFY, That I attended deceased from 2/27/25 19.. to 2/28/25 19..

that I last saw h[illegible] on 2/28/25 19..

and that death occurred, on the date stated above, at 5.30 m. mid night

The CAUSE OF DEATH* was as follows:

Cancroma of Coecum 6

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of 2/27/25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) K. M. Bolley, M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cemetery	March 4 1925
20-UNDERTAKER.	ADDRESS
Chas. R. Braue & Son	1811 Mt Royal ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95789

CERTIFICATE OF DEATH.

95789

1-PLACE OF DEATH Municipal Hospital

CITY OF BALTIMORE: (No. ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Ball

(a) RESIDENCE NO. 1217 N Parrish ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: negro

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of — (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE: 70 yr.

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Municipal Hosp. Records

(Address)

15 Filed ..., 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1925, to Feb. 27, 1925, that I last saw her alive on Feb. 27, 1925 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

1. Hemiplegia (Hemorrhage) 1d

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2/ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? lab.

(Signed) W. L. Butler M. D.

2/27. 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

MAR 2 - 1925

M.

2 - 1925

Assistant Clerk

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95790

D 95790

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4th St.& 2nd Ave-Fairfield St. 25-9 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Booth

(a) RESIDENCE. NO. 4th St & 2nd Ave-Fairfield ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bert Booth

6 DATE OF BIRTH (month, day, and year) 2/23/1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Washing

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Cambridge

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Cook

11 BIRTHPLACE OF FATHER (city or town) Cambridge

(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Cook

13 BIRTHPLACE OF MOTHER (city or town) Cambridge

(State or country) Md.

14 Informant John Barnes

(Address) 4th St & 2nd Ave

15 Filed 2-1925, 19 Robert F. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/28/25 19

17 I HEREBY CERTIFY, That I attended deceased from 2/26/25, 19, to 2/28/25, 19, that I last saw her alive on 2/28/25, 19, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

3 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) I yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Marcellus C. Tooley, M. D.

19 (Address) 1445 N.Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 3 1925
20 UNDERTAKER	ADDRESS
M. L. Elliott	1745 Eastland

Spec.—1-10-21—M&T—1500 Bks.

(Finnan)

D 95791

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95791

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 E. Biddle ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marcella I Finnan

(a) RESIDENCE NO. 925 E. Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible] 1866

7 AGE: Years 59; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress maker

(b) General nature of industry, business, or establishment in which employed (or employer): 69

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Bernard Finnan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Garaghan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Emma Gaeng
(Address) 925 E Biddle St

15 Filed 2 1925, 19

Robert P. Harrison
Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28th 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1924, to Feb 28th, 1925;

that I last saw her alive on Feb 28th, 1925;

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows: Edema of the Lungs

— (duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary): Sarcoma of Breast & Axilla

(duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H H Saunders M. D.

3/7/1925 (Address) 719 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Mar 4 1925

20 UNDERTAKER: J. C. Wiedefeld — ADDRESS: 914 Fremont Ave

FROM the back of certificate. See instructions on back of certificate.

D 95792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 95792

1-PLACE OF DEATH

City of BALTIMORE: (No. 905 Bennett Place St. 18-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Jewell

(Residence in Baltimore: No. 905 Bennett Place St.; yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced (Write the word.): single

6-DATE OF BIRTH: Jan. 28, 1925 (Month) (Day) (Year)

7-AGE: yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS

10-NAME OF FATHER: Earl Jewell

11-BIRTHPLACE OF FATHER, (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Minnie Helfrey

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Jewell

(Address) 905 Bennett Place

15-

Filed 2nd 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 1, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no history of any other disease (Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

March 1, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 3-2-1925

20-UNDERTAKER: H. C. Brannigan Son — ADDRESS: 517 N. Schroeder St

D 95793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

165 D 95793

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 19-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis O. Peterson

(Residence in Baltimore: No. 519 N. Stricker Street St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. December 30th 1870
(Month) (Day) (Year)

7-AGE. 54 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Sexton - Church
(b) General nature of industry, business, or establishment in which employed (or employer) Franklin Street Presbyterian Church

9-BIRTHPLACE. (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Charles A.Peterson

11-BIRTHPLACE OF FATHER, (State or Country). Sweden

12-MAIDEN NAME OF MOTHER. Susan K.Hitch

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Wallace

(Address) Nel-Mar Apartments, Brookfield & Whitelock Sts

15-

Filed 2-[illegible] 1925 192

Robert P. Harrison, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 2nd 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry) find that said deceased came to H.C.T. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuries by Accidental Poisoning

8 days ago (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Kelly M. D.
(Coroner.)

3-2 1925 (Address) 1639 E. Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	June 4 19 25

20-UNDERTAKER.	ADDRESS
Joseph B. Cook	1037 Park Ave

Spec.—1-10-21—M&T—1500 Blks.

78604 B 95794

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95794

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 7-1 154

CITY OF BALTIMORE: (No. ..... ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Widenberg Jr.

(a) RESIDENCE No. 1100-16th St. ST., WARD Wilmington Del.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug- 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Delaware
(State or country)

PARENTS

10 NAME OF FATHER John Widenberg

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Eliz Rush

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Parents
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed 2-1925 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1925, to March 1, 1925, that I last saw him alive on March 1, 1925, and that death occurred, on the date stated above, at 8 00 P m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Posterior Urethra

(duration) Life yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia Cystitis. Septi...

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Coffeen M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wilmington	March 1925

20 UNDERTAKER H. S. Leach ADDRESS Elsmere

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

95795

HEALTH DEPARTMENT—CITY OF BALTIMORE

95795

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 27-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Clayton Leon Caulk

(a) RESIDENCE NO. 4503 Weitzel Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 12-1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Surveyor
(b) General nature of industry, business, or establishment in which employed (or employer) R
(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Edwin C. Caulk

11 BIRTHPLACE OF FATHER (city or town) Anne Arundel Co
(State or country)

12 MAIDEN NAME OF MOTHER Martha Wheeler

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Edwin C. Caulk
(Address) 4503 Weitzel Ave

15 Filed ....., 192 Robert P. Harrison, Registrar
2-1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis- septicemia

Operation Jan 19-25 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Suppurative Appendicitis (duration) ..... yrs. 1 mos. 10 ds.

(Signed) J S H Pochin, M. D.
(Coroner.)

3-2-25, 192 (Address) 509 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	3/3 192 5
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son	1386 Lafayette

Cut on dotted lines and paste on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95796

CERTIFICATE OF DEATH.

24-901

D 95796

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 West North Ave. ST., 13-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Wolf.

(a) RESIDENCE NO. 1202 West North Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 13, 1874.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Buyer.-
(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Store
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Germany.

PARENTS

10 NAME OF FATHER Louis Wolf.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Babette Hertz

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs. Clara Wolf
(Address) 1202 West North Ave

15 Filed 1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/2/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.
The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Robert P. Harrison M. D.
(Coroner.)
March 2 192 5 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Dale Cemetery	3/6/ 192 5

20 UNDERTAKER David Sondheim ADDRESS 1520 W. North Ave. & Boyd St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95797

CERTIFICATE OF DEATH.

B 95797

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Washington ST.: 2 WARD) Mother (use) Cherry

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE. NO. 518 S Washington 2 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 2nd 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or 3 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Henry H. Cherry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Anna Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mr Henry H Cherry
(Address) 518 S Washington St

15 Filed . 19 Robert P. Harrison Registrar

- 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-1 . 1925 to 3-1 . 1925 that I last saw h[illegible] alive on 3-1 . 1925 and that death occurred, on the date stated above, at 11 00 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

6 hrs

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Obs Limbs of Mother

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) J. Reid Rennie, M. D.

3-2 1925 (Address) 800 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	Mar 3 1925

20 UNDERTAKER Peter Nicolaus ADDRESS 2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

D 95798

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95798

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 N Paca ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Brocato

(a) RESIDENCE NO. 316 N Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1874

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Larry Brocato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Rigato

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14

Informant Larry Brocato

(Address) 316 N Paca St.

15

Filed ..... 19 ..... Robert F. Harrison, Registrar

MAR 2 - 1925 ...t Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 26, 1925, to Mar 2, 1925.

that I last saw him alive on Mar 2, 1925

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Dentition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Walter E Knoblauch, M. D.

3/2, 1925 (Address) 2002 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

DATE OF BURIAL 3/4 1925

20 UNDERTAKER J. Gahagan Sons

ADDRESS 1318 Light St

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95799

CERTIFICATE OF DEATH.

4-2 51

D 95799

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 106 Diamond ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Safflow

(a) RESIDENCE NO. 106 Diamond ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	5	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mississippi

PARENTS

10 NAME OF FATHER Sam Safflow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Concetta Cessa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Sam Safflow

(Address) 106 Diamond St.

15 Filed 2-1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1924, to March 1, 1925, that I last saw h[illegible] alive on march 1, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) acute Endocarditis, 1 year ago

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles Testa, M. D.

3-2-25 (Address) 240 Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

DATE OF BURIAL 3/3 1925

20 UNDERTAKER L. J. Tuley Home

ADDRESS 518 Eighth

FROM IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95800

CERTIFICATE OF DEATH.

15-11

D 95800

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Ellen Gertrude Pancoast

(a) Residence No. 1609 Friendsbury St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 5 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 2/27/22

7-AGE.	If LESS than 1 day,
3 yrs. mos. 5 ds.	...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Louis Raymond Pancoast

11-BIRTHPLACE OF FATHER (city or (own) Md (State or Country),

12-MAIDEN NAME OF MOTHER, Wilhelmina Lynch

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14- (Informant) Mr Louis R Pancoast

(Address) 1609 Friendsbury

MAR 3 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 1st 1925

17- I HEREBY CERTIFY, That I attended deceased from March 1st, 1925, to March 1st, 1925, that I last saw h. alive on March 1st, 1925, and that death occurred, on the date stated above, at 8:0 P m.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteritis

O K Conner F J Mowery

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical & autopsy

(Signed) C. Howell M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemy	March 3rd 1925

20-UNDERTAKER.	ADDRESS
Henry Hoen & Son	1301 E Eager

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95801

CERTIFICATE OF DEATH.

129

D 95801

1-PLACE OF DEATH University Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Lombard & Greene ST., 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A Kailer

(a) RESIDENCE No. 3645 Roland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary M Kailer

6 DATE OF BIRTH (month, day, and year) Dec 21 - 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butter Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co.

PARENTS

10 NAME OF FATHER Charles B. Kailer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md

12 MAIDEN NAME OF MOTHER Ellen Engerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mary M Kailer

(Address) 3645 Roland Av

15 Date MAR 3 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1925, to March 1, 1925, that I last saw him alive on March 1, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis &
Chronic Interstitial Nephritis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Routine -

(Signed) H. S. Anderson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar 4 1925

20 UNDERTAKER	ADDRESS
A S Marshall	3539 Falls Rd

FROM is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95802

HEALTH DEPARTMENT—CITY OF BALTIMORE

21

D 95802

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1075 Forrest St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Garahan

(a) Residence No. 1075 Forrest St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred abt 3½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 1, 1906

7-AGE. 19 yrs. 9 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Examiner

(b) General nature of industry, business, or establishment in which employed (or employer). 086

(c) Name of employer. Baer & Strauss Co.

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Michael Garahan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Margaret Kelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14-

(Informant) Miss Kelly

(Address) 1075 Forrest St

15-

Filed 192

ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 2 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925 to Mar 2 1925, that I last saw h[illegible] alive on Mar 1 1925, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/3, 192[illegible] (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pathos ia

DATE OF BURIAL. Feb 5, 1925

20-UNDERTAKER. Margaret A Tilyou

ADDRESS 1412 Eng 25

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95803

99-001

CERTIFICATE OF DEATH.

D 95803

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Clifton Place 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian ~~Sacho~~ Sacho Jr

(a) RESIDENCE No. 1618 Clifton Place ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/12 1915

7 AGE: Years 9 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Christian Sach. Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Martha Wooden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Christian Sachs

(Address) 1618 Clifton Place.

15 Filed MAR 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Jan 27, 1925, that I last saw him alive on Jan 27, 1925, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis.

(duration) ... yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Jno. F. Young, M. D.

Jan 28 1925 (Address) 1102 Lexington Bld.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery.

DATE OF BURIAL: March 2 1925

20 UNDERTAKER: Geo. J. Rutt

ADDRESS: 1735 Harford Ave

Spec—12-23-24—E.B.R.S.—400 Bks.

95804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

145 D 95804

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital 403 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mrs. Viola Goldbeck

(a) Residence No. 1400 N. Montford ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Goldbeck

6-DATE OF BIRTH (month, day and year) 3/15/1899

7-AGE. 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... domestic duty

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Prince George Co. Md

(State or Country).

PARENTS.

10-NAME OF FATHER, Edward Whitington

11-BIRTHPLACE OF FATHER (city or town)..... Prince George Co. Md.

(State or Country).

12-MAIDEN NAME OF MOTHER, Viola Whitington

13-BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or Country).

14- (Informant) John Goldbeck

(Address) 1400 N. Montford Ave

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

MAR 3 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1925 to March 1, 1925

that I last saw her alive on March 1, 1925

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Eclampsia

Pregnancy

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Cesarean Section Date of 2-28-25

Was there an autopsy? No. Clinical findings

What test confirmed diagnosis?

(Signed) B. M. Rhoads M. D.

19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL. 3/4 19 25

20-UNDERTAKER. George J. Ruth

ADDRESS 1135 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 730 Arlington Ave (St.) Gwynn 9 (Ward)

REGISTERED NO. D 95805

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James O Inderrieden

(a) RESIDENCE NO. 730 Arlington Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Inderrieden

6 DATE OF BIRTH (month, day, and year): Nov 29 1876

7 AGE: Years 48 Months 3 Days 3 If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Fred C Bonner

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas H Inderrieden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Laura V Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mary E Inderrieden
(Address) 730 Arlington Ave

15 Filed ..... 19 .....

MAR 3 - 1925

ROBERT R. KRAUTER,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 2, 1925, to " , 19 ,
that I last saw him alive on Mch 2, 1925,
and that death occurred, on the date stated above, at 2-40 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ..... yrs. ..... mos. 2 hours da.

CONTRIBUTORY (Secondary) Paralysis (duration) ..... yrs. ..... mos. 2 days da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ballard P Smith M. D.

, 19 (Address) 709 Arlington & Gsmo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: March 6 1925

20 UNDERTAKER: William Cook & Sons — ADDRESS

FROM A VERY IMPORTANT SERIES OF RECORDS. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Bks.

95806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-24-001

Registered No. B 95806

1-PLACE OF DEATH

City of BALTIMORE: (No. 2423 Harlem St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy E. Ellingsworth

(a) Residence No. 2423 Harlem Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Hugh Ellingsworth

6-DATE OF BIRTH (month, day and year) Oct 4/47

7-AGE. 77 yrs. 4 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Del,

PARENTS.

10-NAME OF FATHER, Luther M. Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Del,

12-MAIDEN NAME OF MOTHER, Eleanor Wootten

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Del

14- (Informant) Wm F B C Smiley

(Address) 2423 Harlem Ave

15- (Filed) MAR 3 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 1/25

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917 to Mar 1 1925

that I last saw h.. alive on Mar 1 1925

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, arterio sclerosis

Mitral insufficiency, left sided hemiplegia

about

(Duration) 10 yrs. mos. ds

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Krug M. D.

Mar 2, 1925 (Address) 602 W Lorraine

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cem

DATE OF BURIAL. Mch 4 1925

20-UNDERTAKER. Chas E. Franck

ADDRESS 802 Madison Ave

Cor.—1-12-23—M&T—100 Bks.

D 95807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 95807

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, St. 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Libba Pressman

(a) RESIDENCE NO. 945 N. Wolfe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER unonown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Jack Lewis
(Address) 1439 E. Balto

15 Filed ....., 192.... ROBERT R. KRAUTER, Registrar
MAR 3 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 192 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia-Empyema

(duration) ... yrs. ... mos. ... ds.

(Signed) J S H Potts, M. D.
(Coroner.)

3-3-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 3-3 192 5

20 UNDERTAKER Jno Jas Lewis — ADDRESS 1439 E Balto

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95808

CERTIFICATE OF DEATH.

D 95808

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 W Baltimore St ST.: 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Louisa Valentine

(a) RESIDENCE. No. 1409 W Baltimore ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F Valentine

6 DATE OF BIRTH (month, day, and year) Nov 16 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Caspar Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Cruse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward F Valentine (Address) 1409 W Baltimore St

15 Filed . 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MAR 3 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7th, 1925, to March 1st, 1925, that I last saw her alive on March 1st, 1925, and that death occurred, on the date stated above, at 10.20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms & Signs

(Signed) Saml E Snyder, M. D.

. 19 (Address) 1634 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Mar 5 1925

20 UNDERTAKER Harry K Almacost ADDRESS 4204 Edgewood Ave

Spec.—1-10-21—M&T—1500 Blks.

D 95809

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95809

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaiah Mixon

(a) RESIDENCE NO. 1713 Druid Hill Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Mixon

6 DATE OF BIRTH (month, day, and year) March, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Storekeeper 25

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Anthony Mixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Sarah Raynor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Bay View Hospital, (Address) Baltimore, Md.

15 Filed MAR 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 13, 1925, to February 28 1925, that I last saw h in alive on February 27, 1925 and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial and Renal Insufficiency

.....(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

.....(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H. Lockwood M. D.

2/28/1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Auburn Cem.	Mar 3 1925
20 UNDERTAKER Samuel Handley	ADDRESS 1 E Biddle St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95810

D 95810

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 2502 McHenry ST.: 70-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernst Henry Greffen

(a) RESIDENCE. No. 2502 McHenry ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Elma Greffen

6 DATE OF BIRTH (month, day, and year) Sept 16, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry F. Greffen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Elma Greffen

(Address) 2502 McHenry St.

Filed MAR 3 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1924 to Feb 27, 1925, that I last saw h alive on Feb. 25, 1925, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Hy L Blood Pressure

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio-Renal decom. pensation (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urinary

(Signed) Chas. C. Conner, M. D.

2/28, 1925 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Mar 5 1925

20 UNDERTAKER F. B. Kippert ADDRESS 1850 W Balto St

Spec.—1-10-21—M&T—1500 Blks.

D 95811

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Mc Elderry ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geraldine Walker

(a) RESIDENCE NO. 1525 Mc Elderry St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 24-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Samuel Braptan

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Walker

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Rebecca Dwalker (Address) 1525 Mc Elderry St

15 Filed APR 3 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1925, to Mar 1, 1925, that I last saw he alive on Mar 1, 1925, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Bernard Dann, M. D.

, 19 (Address) 385 Carroll St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 3 1925
20 UNDERTAKER Miss R. G. Elliott	ADDRESS 1745 Ashland

Spec.—1-10-21—M&T—1500 Blks.

D 95812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 D 95812

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland. Gen. Hospital ST. 28-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George Boarman

(a) RESIDENCE NO. Clifton Ave near Keswick Drive Hillsdale Windsor Terrace 28th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Charlotte

Mar 24 1883

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William L. Boarman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Knemizer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant The Patient himself (Address)

15 Filed MAR 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 17 - , 1925, to March 1 , 1925, that I last saw him alive on March 1st , 1925 and that death occurred, on the date stated above, at 7:15P m.

The CAUSE OF DEATH* was as follows:

Diffuse peritonitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Ruptured appendix; chronic

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 2/18/25

Was there an autopsy? no

What test confirmed diagnosis? clinical -

(Signed) Thos A. Campbell, M. D.

, 19 (Address) 710 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Mar 5th 1925

20 UNDERTAKER Isaiah Sypher ADDRESS 1600 N. North Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95813

CERTIFICATE OF DEATH.

100-001

D 95813

1-PLACE OF DEATH

City of BALTIMORE: (No. 2420 Reisterstown Rd. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lavina Isabelle Abbott

(a) Residence No. 2420 Reisterstown Rd. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5[illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Woodbury R. Abbott

6-DATE OF BIRTH (month, day and year) Jan. 28th 1854

7-AGE, 71 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Houses wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Portland Maine

PARENTS.

10-NAME OF FATHER, Joseph Seavey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maine

12-MAIDEN NAME OF MOTHER, Don't know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maine

14- (Informant) Josephine F. Schanze

(Address) 2420 Reisterstown Rd.

15- Filed ... 192 ROBERT R. KRAUTER, Registrar.

MAR 3 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 28 Feb 1925

17- I HEREBY CERTIFY, That I attended deceased from 9 Febry, 1925, to 28 Febry, 1925, that I last saw h.er alive on 27 Febry, 1925, and that death occurred, on the date stated above, at 2:15 A m. The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) — yrs. — mos. 2 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination etc

(Signed) Horace W. Byers M. D

, 19 (Address) 749 N Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, March 3 1925

20-UNDERTAKER, Joseph Syfer

ADDRESS 1600 W. North Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95814

CERTIFICATE OF DEATH.

46 D 95814

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 22 N. Hare (ST.,) 623 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie B. Weaver

(a) RESIDENCE No. 22 N. Hare St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joe Weaver

6 DATE OF BIRTH (month, day, and year): Sept. 10, 1867

7 AGE — Years: 57 — Months: 6 — Days: — If LESS than 1 day, hrs. or ..... min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 27

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Antone Alvatter

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Joe Weaver

(Address) 22 N Hare St

15 Filed ....., 19..... Registrar

MAR 3 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febry 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6th, 1924, to Febry 28th, 1925 (9)

that I last saw her alive on Febry 24th, 1925 (4)

and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteris

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb R Otley, M. D.

Mar 2, 1925 (Address) 100 S. Potterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: March 3, 1925

20 UNDERTAKER: John A. Moran — ADDRESS 3000 E. Baltimore St.

FOR EVERY IMPORTANT SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec. 1-10-21 M&T 1500 Bks.

D 95815

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Cleveland ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C Blessing

(a) RESIDENCE NO. 1131 Cleveland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced, (write the word)~~
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 6 1924

7 AGE. Years	Months	Days	If LESS than 1 day, hrs or min.
	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Vernon Blessing

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Morgan Fisher

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Vernon Blessing
(Address) 1131 Cleveland St

15 Filed MAR 3 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1-1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1925, to March 1, 1925, that I last saw h alive on Feb 28, 1925, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) 1 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Rutherford Dean, M. D.

, 19 (Address) 1127 Cleveland St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 3/3/25

20 UNDERTAKER Geo Lemmbach & Son

ADDRESS 647 W Pratt St

Spec.—1-10-21—M&T—1500 Bks.

Peter J. Booker

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95816

CERTIFICATE OF DEATH.

D 95816

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 209 Eastern ST., 17-2 WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter J. Booker

(a) RESIDENCE NO. 504 Eastern ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~: Mary Booker

6 DATE OF BIRTH (month, day and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hodcarrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: " " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " " "

14 Informant: Mary Booker

(Address): 502 Eastern Ave

15 Filed MAR 3 - 1925 ROBERT R. KRAMER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1925, to March 1, 1925.

that I last saw him alive on March 1, 1925.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 7 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Carey M. D.

, 19 (Address) 752 George St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL 3/4 1925

20 UNDERTAKER: Jas. W. Skinner ADDRESS 1625 E. Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95817

CERTIFICATE OF DEATH.

43 D 95817

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 98 Franklin Rd ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert C Sunstrom

(a) RESIDENCE NO. 218 Franklin Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A Sunstrom

6 DATE OF BIRTH (month, day, and year) Sept 27 76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 009

(b) General nature of industry, business, or establishment in which employed (or employer) R & S Buston

(c) Name of employer House

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Robert Sunstrom

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Truman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Mark Sunstrom

(Address) Emmerson Town Bldg

15 Filed MAR 3 - 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1925

17 I HEREBY CERTIFY, That I attended deceased from June 27 to February 28 1925.

that I last saw h in alive on February 28 1925.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 2 ds.

CONTRIBUTORY Cancer of Left Tonsil and retrospharyngeal tumor

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Vanelli M. D.

3/6 1925 (Address) 525 N Fulton av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	March 4 1925
20 UNDERTAKER	ADDRESS
W. M. Routson	2236 N Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95818

CERTIFICATE OF DEATH.

X74 D 95818

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Homestead St., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah Monship Baker

(a) RESIDENCE NO. 1720 Homestead ST., WARD Denton Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Baker

6 DATE OF BIRTH (month, day, and year) July 25 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Making clothes

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Richard M. Baker (Address) 1720 Homestead St.

15 Filed MAR 3 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1925, to March 1, 1925; that I last saw h[illegible] alive on Feb 28, 1925; and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage and Nephritis interstitial

(duration) yrs. mos. 52 ds.

CONTRIBUTORY (Secondary) asthenia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. W. Byrne M. D.

3/2, 1925 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL March 4 1925

20 UNDERTAKER W M Routson — ADDRESS 2238 N Mott

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

Bruno

95819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 95819

1-PLACE OF DEATH

City of BALTIMORE: (No. 223 Lemmon's Alley Ward) B - 1 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bruno

(a) Residence No. 223 Lemmon's Alley St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 4y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6-DATE OF BIRTH (month, day and year) Jan 2 1925

7-AGE. yrs. 2 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Bruno

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Rose Cummo

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14-

(Informant) Joseph Bruno

(Address) 223 Lemmon's Alley

15-Filed MAR 3 - 1925 ROBERT R. KRAUTH, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 1-25

17- I HEREBY CERTIFY, That I attended deceased from Feby 27 1925 to March 1 1925 that I last saw h[illegible] alive on March 1 1925 and that death occurred, on the date stated above, at 2.00 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos L. Valentine M.D.

(Address) 14 So Howard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Peters DATE OF BURIAL. March 4 1925.

20-UNDERTAKER. Randall Coppedge ADDRESS 3 E Lexington

Spec—12-23-21—E.B.R.S.—400 Bks.

95820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 D 95820

1-PLACE OF DEATH

City of BALTIMORE: (No. 439 W. Conway St., 22-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Cornish

(a) Residence No. 439 W Conway St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6-DATE OF BIRTH (month, day and year) 1867

7-AGE. 58 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Taylor Island Dorchester Co

PARENTS.

10-NAME OF FATHER, John Bramie

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Dorchester Co Taylor Island

12-MAIDEN NAME OF MOTHER, Rachel King

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Smar Hills

14- (Informant) Samuel Cornish

(Address) 439 W. Conway Street

15- Filed ROBERT R. KRAUTERT MAR 3 - 1925 Burial Permit Clerk. 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2, 1, 25

17- I HEREBY CERTIFY, That I attended deceased from Feb 21, 1925 to Feb 28, 1925 that I last saw h.. alive on Feb 28, 1925 and that death occurred, on the date stated above, at 10:20 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ?? yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard M. D.

3/2, 1925 (Address) 2006 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 2, 1925

20-UNDERTAKER,	ADDRESS
Jno. H. Hafer	406 W. Conway St

D 95821

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

D 95821

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 912 Penna Ave. St.: 17-2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Colin

(Residence in Baltimore: No. 912 Pennsylvania Ave. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Single

6-DATE OF BIRTH Oct 15, 1924 (Month) (Day) (Year)

7-AGE ..... yrs. 5 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER David Colin

11-BIRTHPLACE OF FATHER (State or country) Romania

12-MAIDEN NAME OF MOTHER Celia Darer

13-BIRTHPLACE OF MOTHER (State or country) Romania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Levin

(Address) 1439 E Balto

15

Filed MAR 3 - 1925, 191.. ROBERT R. KRAUTER, Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 3, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 191.. to, Mar 3, 191..

that I saw h.. alive on March 2, 191..

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Simon L. Levin M. D.

....., 191.. (Address) 904 E. Lund St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Lebanon Cemetery DATE OF BURIAL 3-3 1925

20-UNDERTAKER Jacob Levin ADDRESS 1439 E. Balto

D 95822

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95822

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 15-13 Ward) 19

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Johns

(Residence in Baltimore: No. 1502 N. Mount St. St.; 23 yrs., 4 mos., / ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. Sept. 30, 1901 (Month) (Day) (Year)

7-AGE. 23 yrs. 4 mos. / ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): 023

9-BIRTHPLACE. (State or Country) Md.

PARENTS

10-NAME OF FATHER. Dewad Johns

11-BIRTHPLACE OF FATHER. (State or Country) Md.

12-MAIDEN NAME OF MOTHER. Maybell Scott

13-BIRTHPLACE OF MOTHER. (State or Country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. L. Johns

(Address) 1502 N. Mount St.

15- MAR 3 - 1925 192.....

ROBERT R. KRAUSE, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 27, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (autopsy) (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to gun shot wounds in chest. (Homicide) (Pistol)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage caused by being struck on head with milk bottles

(Duration) ..... yrs. ..... mos. .....

(Signed) J. J. Hennessy, M. D. (Coroner)

March 2 192 5 (Address) 2802 Edmondson Ave.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	March 3 1925
20-UNDERTAKER. Mrs Jas. H. Dennis per P. E. Reiser	ADDRESS. 1303 Preston St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95823

CERTIFICATE OF DEATH.

90

D 95823

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 3-1 WARD)

2-FULL NAME Joseph Hailey or Conway

(a) RESIDENCE NO. 25 S High ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 3 - 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22 1925

17

I HEREBY CERTIFY, That I attended deceased from 8-20, 192x, to " ", 19

that I last saw h alive on " ", 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Chronic Myocarditis (degenerative), Myocardial Failure

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Claude A. Abrams M. D.

2-23 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bel Air Hill

DATE OF BURIAL 3/4 1925

20 UNDERTAKER John F. Livingston

ADDRESS 1315 Light St

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95824

CERTIFICATE OF DEATH.

161-D 95824

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1437 Decatur ST., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Thos Bowling

(a) RESIDENCE NO. 1437 Decatur ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2.27.25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Wm Bowling

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Jannie Webb

13 BIRTHPLACE OF MOTHER (city or town) Washington D.C. (State or country)

14 Informant Mrs Jannie Bowling

(Address) 1437 Decatur St

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3.2 1925

17 I HEREBY CERTIFY, That I attended deceased from 2.23 1925, to 3.2 1925, that I last saw h[illegible]alive on 3.2 1925, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Poor Development (duration) yrs mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L.L. Burlington M. D.

3-2-1925 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys P.E. Hampden — DATE OF BURIAL March 3, 1925

20 UNDERTAKER Charles L. Stevens — ADDRESS 1501 E Fort Ave

FROM BEST information. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 95825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13-5-31

D 95825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Tuberculosis Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amos Bishop

(a) RESIDENCE NO. 2430 N' McCulloh st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 623

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Greene

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address) M.T.H.

15 Filed ....., 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1925, to Feb. 28, 1925, that I last saw him alive on Feb. 28, 1925 and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) T. B. Whaley, M. D.

2-28-25 19 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 3 - 1925 19

20 UNDERTAKER Wm. R. Woodall

ADDRESS Director of Health.

1825

0.2.3.3

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95826

101-001

95826

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Municipal Hospitals or St. 23-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mathew Price

(a) RESIDENCE No. 910 Lemmon St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Manuel Price

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Bay View Hospital Records
(Address)

15 Filed 1925 Robert F. Harrison, Registrar

Burial Permit 12-3-25 Park.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-26, 1925, to 2-28, 1925,

that I last saw him alive on 2-28, 1925

and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Laboratory

(Signed) Arnold L. Jansen, M. D.

3 V, 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19...

20 UNDERTAKER

ADDRESS

Per. Wm. E. WOODALL

UNIVERSITY OF MARYLAND

Commissioner of Health.

MAR 5 1925

...TION IS very important. See instructions on back of certificate.

...K S. A. ...

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95827

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95827

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Sisters of Mer Pov, St., 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Henrietta Martin

(a) Residence No. Preston & Valley, St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) unknown

7-AGE, 93 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Martin

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Margaret Nolan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-

(Informant) Sister Superior

(Address) Preston & Valley

15-

Filed Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 3/25

17- I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...

that I last saw h.r alive on March 1, 1925

and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

March 3, 1925 (Address) 1133 Valley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral — DATE OF BURIAL, Mar 4, 1925

20-UNDERTAKER, J. C. Medefield — ADDRESS 914 Fremont Ave

3-1925 Burial Permit Clerk

Spec- 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95828

CERTIFICATE OF DEATH.

24-001 D 95828

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., 12-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Tuslin Thomas

(a) Residence No. Homewood Apts St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillian R. Thomas

6-DATE OF BIRTH (month, day and year) July 13-1863

7-AGE. 61 yrs. 7 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Glass Business

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Ware

(c) Name of employer. Harry T. Thomas Co.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. John Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Elizabeth Tustin

13-BIRTHPLACE OF MOTHER (City or town) (State or Country). Balto. Md.

14-Informant Mrs. Lillian R. Thomas

(Address) Homewood Apts

15-Filed DEC 3 - 1925 1925 Albert F. Raffsol Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 2-1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 13 1924 to March 2 1925

that I last saw h. alive on March 2 1925

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hypertension

Myocarditis

(Duration) 3 yrs. mos. 28 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Data.

(Signed) George B Brice M. D

19 (Address) Church Home & Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Mar. 5 1925
20-UNDERTAKER.	ADDRESS
Tennant & Manning Company	108 W. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

D 95829

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95829

CERTIFICATE OF DEATH.

15-13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stewart Seymour Hobbs

(a) RESIDENCE No 1323 N. Fulton Ave ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 55 yrs. 9 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lida Hopkins Hobbs

6 DATE OF BIRTH (month, day, and year) June 12-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	55	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police-Lieutenant 061

(b) General nature of industry, business, or establishment in which employed (or employer) Central District

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) Howard Co.
(State or country) MD.

PARENTS

10 NAME OF FATHER Lawrence Hobbs

11 BIRTHPLACE OF FATHER (city or town) Howard Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emeline Selby

13 BIRTHPLACE OF MOTHER (city or town) ???
(State or country) Md.

14 Informant Mr Stewart C. Hobbs (Son)
(Address) 502 E. 21st. St

15 Filed MAR 3 1925 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1924, to March 1st, 1925, that I last saw him alive on March 1st, 1925, and that death occurred, on the date stated above, at 6.40 a m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis.

about (duration) yrs. mos 1 yr. ds.

CONTRIBUTORY (Secondary) Bronco pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clement B. Mowar, M. D.

19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: March-19 4 25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

FOR IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

See Letter on file March 23-1925 from W L Miller MD.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95830

CERTIFICATE OF DEATH.

D 95830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital or Dispensary ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Young

(a) RESIDENCE NO. 137 W York ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	? Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? N. C.

PARENTS

10 NAME OF FATHER Aleck Young N.C.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Julia McMill

13 BIRTHPLACE OF MOTHER (city or town) N.C. (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed 3-1925, 19 Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1/25 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1925, to March 1, 1925.

that I last saw him alive on March 1, 1925.

and that death occurred, on the date stated above, at 12:10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? What test confirmed diagnosis? Laboratory

(Signed) W.L. Miller, M. D.

3/1/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3-4 1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95831

HEALTH DEPARTMENT—CITY OF BALTIMORE

6-174-001

D 95831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No Church Home & Infirmary Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Emerson Orndorff

(a) Residence No. Church Home & Infirmary Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 4, 1836

7-AGE. 88 yrs. 11 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John F. Orndorff

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Ursula Hellmond

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14-

(Informant) Mrs. Edwin Meads

(Address) 22 Mt. Vernon Place

15-

Filed 3-1925 192

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 25

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 19 to March 2 19

that I last saw h[illegible] alive on March 2 19

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Myocarditis

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F.W. Wright M. D

19 (Address) Church Home & Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Drumm Cemetery DATE OF BURIAL. March 4 1925

20-UNDERTAKER, Howard & Wyman Company ADDRESS 108 N. Paca St

D 95832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95832

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St., 11-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Williams

(Residence in Baltimore: No. 502 Preston St. St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	colored	single

6-DATE OF BIRTH. Sept. 27, 1916 (Month) (Day) (Year)

7-AGE. 8 yrs. 5 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: student
(b) General nature of industry, business, or establishment in which employed (or employer): ..... do

9-BIRTHPLACE, (State or Country). Md.

PARENTS:

10-NAME OF FATHER. Peter Williams

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Fannie Williams

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Williams

(Address) 502 Preston St.

15- Robert P. Harrison,
3 1925 192 Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 1, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) automobile accident

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner)

March 2, 1925 (Address) 502 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Peters	3-5 1925
20-UNDERTAKER. John H. Joachim	ADDRESS 1027 Lord Hull Ave

Spec. 1-10-21 M&T 1500 Blks.

D 95833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95833

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Pierce ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Davis

(a) RESIDENCE NO. 804 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Bud Davis

6 DATE OF BIRTH (month, day, and year): January 25, 1882

7 AGE: Years 43 | Months 1 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Henry Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Debbie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant: Lena Myers

(Address): 1132 Lemmon St

15 Filed 3-5, 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 28, 1925, to March 2, 1925, that I last saw h alive on March 1, 1925, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. A. Howard, M. D.

, 19 (Address) 119 Carroll Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 3-5 1925

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95834

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95834

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Varina

(a) Residence No. 400 W. Camden St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Singl

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1890

7-AGE. 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Varina

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Susan Hunter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- Hospital Records (Informant)

(Address) M.T.H.

15- Filed 3-1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2 1925 to March 2 1925

that I last saw him alive on March 2 1925

and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) C. F. White M. D.

3-2- , 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	3-4 1925
20-UNDERTAKER. H. C. Branning Son	ADDRESS 614 N. Schroeder St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95835 D 95835

CERTIFICATE OF DEATH.

11-002 V

REGISTERED NO. 23-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3002 Archuntoroly (Street) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Owens.

(a) RESIDENCE No. 3002 Archuntoroly (Usual place of abode) WARD

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): September 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Home duties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Francis J Owens.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary A Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): 3002 Archuntoroly.

15 Filed ... 19... Robert P. Harrison Registrar

3-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 19 25

17

I HEREBY CERTIFY, That I attended deceased from Jan. 23, 19 25, to March 2, 19 25.

that I last saw h er alive on March 1, 19 25,

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Influenza

Incid myocarditis (duration) yrs. 1 mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Brown Stile M. D.

3/3 19 25 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or An deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: March 4th 19

20 UNDERTAKER: Martin Fahy & Son

ADDRESS: 624 N Youth

Cor.—1-12-21—M&T—100 Bks.

D 95836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95836

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W.Ostend St. ST., 22-2 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis J.Roth.

(a) RESIDENCE No 202 Warren Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Divorced.

5a If married, widowed or divorced
HUSBAND of (XXXXXXX) Ida B.Hildfich

6 DATE OF BIRTH (month, day, and year) August 30,1868.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore,Md.

PARENTS

10 NAME OF FATHER Peter H.Roth.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Christina Schaefer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Helen Froehling.(sister)
(Address) 1 W.Ostend St.

15 Filed 3-1925, 192... Robert F. Garrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D. (Coroner)

March 2, 1925 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park.	Mar. 5 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E. Nalle St.

Cor.—1-12-21—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95837

CERTIFICATE OF DEATH.

181 D 95837

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 W.Barre St. ST., 222 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F.Tolson.

(a) RESIDENCE NO. 121 W.Barre St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of Annie Tolson.

6 DATE OF BIRTH (month, day, and year) November 12,1865.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	59	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank Tolson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah Mitchell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Annie Tolson, (wife) (Address) 842 Mangold St.

15 Filed 3-1925, 192 Robert F. Maffioli, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating gas poisoning.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)

March 2, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul

DATE OF BURIAL Mar. 5 1925

20 UNDERTAKER Wm Cook

ADDRESS 602 E Madison Ave.

Spec–12-23-21–E.B.R.S.–400 Bks.

D 95838

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95838

CERTIFICATE OF DEATH.

16-3 31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2809 Brighton St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geneva E. Diven

(a) Residence No. 2809 Brighton St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm T. Diven

6-DATE OF BIRTH (month, day and year): Nov-1870

7-AGE: 54 yrs. 4 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: O'Neill

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Texas

12-MAIDEN NAME OF MOTHER: Not given

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): .....

14- (Informant) Evelyn A. Willis

(Address) 2809 Brighton St

15- Filed 3-1925 Albert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1925 to Mar 2 1925

that I last saw h/ alive on March 1 1925,

and that death occurred, on the date stated above, at 3A- m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tube, Culosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Sputum & Urine

(Signed) J. M. DeGroff M. D.

Mar. 3 1925 (Address) 621 Washington Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral	March 4, 1925
20-UNDERTAKER.	**ADDRESS**
F. A. Kramer & Son	703 Hanover St

Spec—12-23-21—E.B.R.S.—400 Bks.

95839

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95839

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2689 Wilkens Ave St., 20-6 Ward) Registered No. 90

2-FULL NAME. Charlena L. Pole

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2689 Wilkens Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Late Charles H. Pole

6-DATE OF BIRTH (month, day and year) May 14, 1846

7-AGE. 78 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Adam Schubardt

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown.

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant) Mrs. Clara Rosser

(Address) 2689 Wilkens Ave

15- Filed, 192 Registrar.

Robert P. Harrison,

3-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 2-25

17- I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to Mar 2, 1925, that I last saw h. alive on Mar 1, 1925, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease.

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilitation (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman M. D.

Mar 3, 1925 (Address) 2687 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Moriah Cemetery — DATE OF BURIAL. March 4, 1925

20-UNDERTAKER. Harry H. Watzke — ADDRESS. 1531 N. Lombard St

D 95840

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95840

CERTIFICATE OF DEATH.

14-101

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 560 Laurens St. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Butler Clark 40

(Residence in Baltimore: No. 560 Laurens St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	Married

6-DATE OF BIRTH, August 7 1882
(Month) (Day) (Year)

7-AGE. 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Samuel Craig

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lossie Butler

(Address) 560 Laurens St

15-

Filed 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Total Insanity

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) no history

(Duration) yrs. mos. ds.

(Signed) J. J. T. Hennessy M. D.
(Coroner.)

March 3 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cemetery	March 5 1925
20-UNDERTAKER. Mrs Jas. H. Dennis	ADDRESS 2139 Freeman St,

Rev. T. E. Nelson.

Spec. 1-10-31-M&T-1500 Bks.

D 95841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 95841

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Moses

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
	79	Unknown	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Moses.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Catherine Angelope

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mr. Hope Reeves

(Address)

15 Filed MAR 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1925, to March 3, 1925, that I last saw him alive on March 2, 1925, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Ford, M. D.

, 19 (Address) 1731 Eutaw Pl. Residence Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Presbyterian Cemetery, Govans

DATE OF BURIAL 3/5 1925

20 UNDERTAKER H. O. Moss & Son

ADDRESS 1054 Eutaw St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 95842

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3029 St. Paul St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Harry Paul Goldsborough

(a) Residence No..... 3029 St. Paul St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Clements

6-DATE OF BIRTH (month, day and year) Jan. 9, 1886

7-AGE	If LESS than 1 day
39 yrs. 1 mos. 20 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Manager 086

(b) General nature of industry, business, or establishment in which employed (or employer)..... U.S. Sanitorium

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country)..... Maryland

PARENTS.

10-NAME OF FATHER. Harry P. Goldsborough

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Helena McManus

13-BIRTHPLACE OF MOTHER (city or town). Baltimore (State or Country), Maryland

11-

(Informant)..... Mrs. Julia Helfrich

(Address)..... 3029 St. Paul Street

15-

Filed..... 192.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from February 15, 1925 to March 2, 1925

that I last saw him alive on March 2, 1925

and that death occurred, on the date stated above, at 4.05 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis - Pulmonary
Intestinal.

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY
(Secondary)

(Duration)..... yrs..... mos..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Louis L. M. Krause M. D.

, 19 (Address) 2500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	3/4, 1925

20-UNDERTAKER	ADDRESS
Henry W. Spears & Son	805 N. Calvert St.

NOV 4 - 1925 ROBERT R. KRAUTER
Assistant Records Clerk

Cor.—1-12-23—M&T—100 Bks.

D 95843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-001

D 95843

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W.Lee St. ST., 22-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin R.Dean.

(a) RESIDENCE NO 111 W.Lee St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ---mos--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chair maker.
(b) General nature of industry, business, or establishment in which employed (or employer) 186
(c) Name of employer Haywood Wakefield Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John V.B.Cochran.
(Address) 111 W.Lee St.

15 Filed MAR 4 - 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas poisoning.
Accidental Death

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner.)

March 2, 1925 (Address) 1014 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Mar 4 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 [illegible] St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95844

CERTIFICATE OF DEATH.

101-001

D 95844

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Pitcher ST., 14-1 WARD)

2-FULL NAME Mary E. Jenkins

(a) RESIDENCE NO. 614 Pitcher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER John King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant John H. Jenkins

(Address) 614 Pitcher St

15 Filed MAR 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to ~~Feb~~ March 2, 1925, that I last saw h[illegible] alive on March 1, 1925, and that death occurred, on the date stated above, at 9:50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) J. T. V. Kennell, M. D.

(Address) 2422 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford M. Cem. Edwards Co DATE OF BURIAL Mar 4 1925

20 UNDERTAKER Samuel Brawley ADDRESS 1118 Eden St

D 95845

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95845

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1019 Mayfield Ave. St., 18-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Izziah Ferguson

(Residence in Baltimore: No. 250 N. Schroeder Ave. St./ 70 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): widower

6-DATE OF BIRTH: about (Month) (Day) 1852 (Year)

7-AGE: 72 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Md.

PARENTS:

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Goyans

(Address) 238 N. Schroeder St

15-

Filed ..... 192.....

MAR 4 - 1925

ROBERT R. KRAUTER, Registrar.
Clerk Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Feb. (Day) 28, (Year) 1925

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D. (Coroner.)

March 2, 1925 (Address) 280 Monument E.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL

Mt. Auburn Cem. Mar 4 1925

20-UNDERTAKER. Edmund D. Hensley ADDRESS 578 W. Baltimore

D 95846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95846

1-PLACE OF DEATH — Registered No. C 24-901

City of BALTIMORE: (No. 1008 N. Carey St. St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary W. Scott Guire

(Residence in Baltimore: No. 1114 N. Carey St St.; 53 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): widow

6-DATE OF BIRTH: August (Month) 1 (Day) 1872 (Year)

7-AGE: 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE (State or Country): Md.

PARENTS:

10-NAME OF FATHER: Moses Scott

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Owens

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Guire

(Address) 1114 N. Carey St

15-

Filed 192 ROBERT R. KRAMER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 1 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) no history of any.

(Duration) yrs. mos. ds.

(Signed) J. J. T. Hennessy M. D. (Coroner)

March 2, 1925 (Address) 2502 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: Mar 5 1925

20-UNDERTAKER: Samuel Hemsley ADDRESS 838 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 95847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

D 95847

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Edmondson ave ST.; 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cara E. Petty

(Residence in Baltimore: No. 2326 Edmondson ave St.; 7 yrs., mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May (Month) 1 (Day), 1875 (Year)

7-AGE, 50 yrs. 10 mos. 1 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Chesapeake City.

PARENTS.

10-NAME OF FATHER, John Hague.

11-BIRTHPLACE OF FATHER (State or Country), Chesapeake City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Levin F. Petty

(Address) 2326 Edmondson

15-

Filed MAR 4 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2nd (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1922 191 , to Mar 2nd 1925, that I saw her alive on Mar 2 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

Sudden

(Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Arterial Sclerosis

Emphysema (Duration) yrs. 3 mos. da.

(Signed) Jno. F. Phillips M. D.

3/4, 1925 (Address) 300 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	3/5, 1925
20-UNDERTAKER	ADDRESS
J. Fenwick McCully	130 E. Fort

Spec.—8-24-14—M. & T.—2000 Bks.

D 95848 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95848

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 932 Little Pine ST.; 17-2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola King.

(Residence in Baltimore: No. 932 Little Pine St. St. 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) / (Day), 1896 (Year)

7-AGE, 29 yrs. 5 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Cornelis King.

11-BIRTHPLACE OF FATHER (State or Country), Hagerstown Md.

12-MAIDEN NAME OF MOTHER Ada Sockley

13-BIRTHPLACE OF MOTHER (State or Country), Harrisburg Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rena Black

(Address) 623 W. Mulberry St.

15-

FILED MAR 4 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2nd (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1925, to March 2 1925, that I saw h[illegible] alive on March 2nd 1925, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Joseph J Gardner M. D.

3-3, 1925 (Address) 319 Pennsylv

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, March 4, 1925

20-UNDERTAKER John D. Stevens

ADDRESS 933 Pierce St

Spec.—1-10-21—M&T—1500 Blks.

95849

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 95849

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Poplar Grove ST., 16-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sloan Piet

(a) RESIDENCE No. 1421 Poplar Grove ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Wm H. Piet

6 DATE OF BIRTH (month, day, and year) Jany 13. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	83	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Balto md
(State or country)

PARENTS

10 NAME OF FATHER John Butler

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary A. McLaughlen

13 BIRTHPLACE OF MOTHER (city or town) ..... Md
(State or country)

14 Informant F. Leo Piet
(Address) 1421 Poplar Grove St

15 MAR 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 2. 1925

17 I HEREBY CERTIFY, That I attended deceased from February 24 1925, to Mch 2, 1925, that I last saw her alive on Mch 2, 1925, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Pt's Symptoms

(Signed) Simon F White M. D.

, 19 (Address) 415 E. 22. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. | DATE OF BURIAL Mch 5 19 25

20 UNDERTAKER John O'Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95850

CERTIFICATE OF DEATH.

D 95850

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Dy Hospital ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cranshaw Binford

(a) RESIDENCE No. 646 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Binford

6 DATE OF BIRTH (month, day and year) 1-16-1868

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Curran Savage 062

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mary M Binford (Address) 646 Lombard St

15 Filed MAR 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-1- 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-3- , 1925, to 3-1- , 1925,

that I last saw him alive on 3-1- , 1925

and that death occurred, on the date stated above, at 1200 m.

The CAUSE OF DEATH* was as follows:

Accidental Burns of chest abdomen & thighs.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. O. Penn, M. D.

3/3, 1925 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Schmanty	Mar 4 1925
20 UNDERTAKER	ADDRESS
Lee M Cook	502 Park Ave

FROM IN VERY important. See instructions

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95851

CERTIFICATE OF DEATH.

D 95851

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 McCulloh St.) (13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Jones

(a) RESIDENCE. No. 2529 McCulloh St., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Jones.

6 DATE OF BIRTH (month, day, and year) Aug 15-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self-

9 BIRTHPLACE (city or town) Edmonston City
(State or country) Md.

PARENTS

10 NAME OF FATHER Zachariah Johnson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Clara Smallwood

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Zachariah Jones
(Address) 2529 McCulloh St.

15 Filed ....., 19.... ROBERT R. KRAMER, Registrar

APR 4 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1925, to March 2, 1925, that I last saw h[illegible] alive on March 2, 1925, and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Left Side Brain.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Age. Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H. Spring M. D.

(Address) 1209 Presstman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	3-6 1925

20 UNDERTAKER Theo White ADDRESS 113 S. Wolfe St

D 95852 Amelia Passano

Cor. 4-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 95852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Amelia Passano

(a) RESIDENCE NO. 12 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 80?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Passano

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Rosina Coppito

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Tobion Memorial Record
(Address)

15 Filed MAR 4 - 1925 192 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns 2 & 3 degree over
upper part body
Shock & Exhaustion from
Loss Blood Accidentally

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Morrison, M. D.
(Coroner.)

Mar 3 1925 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Mar 5th 1925

20 UNDERTAKER: Henry A. Perkins Sons Co — ADDRESS: McCulloh & Orchard

Spec—12-23-21—E.P.R.S.—400 Bks.

D 95853

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95853

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., V-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Phillip Colonel Cost.

(a) Residence No. 7 South Wolfe St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 8-1843.

7-AGE. 81 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or...min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cost Priest 65

(b) General nature of industry, business, or establishment in which employed (or employer) at St. Michaels

(c) Name of employer Church

9-BIRTHPLACE (city or town). (State or Country). Bavaria

PARENTS.

10-NAME OF FATHER, Conrad Colonel

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Alsace-Lorraine

12-MAIDEN NAME OF MOTHER, Barbara —

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Alsace Lorraine

14-

(Informant)... Rev. Joseph Schmidt

(Address)... 7 S. Wolfe St.

15-

Filed ... 192...

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-1-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1925 to Mar 1 1925

that I last saw him alive on Feb. 28 1925

and that death occurred, on the date stated above, at 12 45 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Pulmonary Edema

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypert. —

Incarcerated inj. hernia (Duration) ...yrs. ...mos. 8 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Lybert M. D

. 19 (Address) St Jos. Hosp.

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Nat. Holy Redeemer

DATE OF BURIAL. March 4 1925

20-UNDERTAKER, Lilly & Zirkin

ADDRESS 40 S. Wolfe St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95854

CERTIFICATE OF DEATH.

2/ D 95854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Luzerne Ave ST.: 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard J. Gorsuch

(a) RESIDENCE NO. 13 N. Luzerne Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 4 - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mover

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Gertrude Blatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Gertrude Gorsuch
(Address) 13 N Luzerne Ave

Filed MAR 4 - 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 2 1925

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to March 2, 1925, that I last saw him alive on " 2, 1925, and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Erysipelas of face & Head

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) A. C. Bearce, M. D.

3/3, 1925 (Address) 2907 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: March 4 1925

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 603 E Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95855

CERTIFICATE OF DEATH.

90 D 95855

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2202 N. Fayette St., 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Samuel Oppenheimer

(a) Residence No. 2202 N. Fayette St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabelle Oppenheimer

6-DATE OF BIRTH (month, day and year): January 3rd 1852

7-AGE: 73 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): insurance 086

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): France

PARENTS

10-NAME OF FATHER: Morris Oppenheimer

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Sophie Bertram

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-

(Informant): Mrs. Oppenheimer

(Address): 2202 N. Fayette St

MAR 4 - 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3/2-1925

I HEREBY CERTIFY, That I attended deceased from September, 1924 to Mar 2 -, 1925

that I last saw him alive on Mar 1-, 1925

and that death occurred, on the date stated above, at 8 A m

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart disease

(Duration) 5 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Reaser M. D

3/2, 1925 (Address) 2105 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cemetery | DATE OF BURIAL: 3/4, 1925

20-UNDERTAKER: Harry Goldstein | ADDRESS: 1818 W Lafayette Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95856

CERTIFICATE OF DEATH.

31 D 95856

1-PLACE OF DEATH

City of BALTIMORE: (No. 2642 Frisby St. St., 9-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ester Camille Cooper

(a) Residence No. 2642 Frisby St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar C. Cooper

6-DATE OF BIRTH (month, day and year) December 4th 1898

7-AGE. 26 yrs. 4 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS

10-NAME OF FATHER, Thos K. Gosnell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary B. Bailey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) E. J. Gosnell

(Address) 2640 Frisby St

15- Filed MAR 4 - 1925 HUBERT R. KRAUSS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 3 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28 1924 to March 2nd 1925 that I last saw her alive on March 2nd 1925 and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jno Thompson M.D.

3/2 1925 (Address) 401 E. 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park	Mar 6 1925
20-UNDERTAKER.	ADDRESS 517
H. C. Branning & South Schroeder	

95857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 188-003 D 95857

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. University Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Margarete Elz Marr

(Residence in Baltimore: No. Harwood Maryland St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Sgl

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1914 (Year)

7-AGE.	If LESS than 1 day,
11 yrs. mos. 13 ds.	....hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Arthur G. Marr

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Pearl P. Rigney

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur G. Marr

(Address) Harwood Md

15-

Filed MAR 4 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 2 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) a few hours

CONTRIBUTORY (Secondary) Struck by Automobile

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. K. Grinch M. D.
(Coroner)

3-4 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	3/6 1925
20-UNDERTAKER.	ADDRESS
Wm. J. Tichnor & Son	Mt. Pleasant Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95858 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95858

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Homewood ~~Ave~~ St., 10 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alethia Dickerson

(a) RESIDENCE No. 907 Homewood ~~Ave~~ St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem. Male

4 COLOR OR RACE: Col. Ad

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19 yrs	1906			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer: —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER James Dickson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabelle Bowser

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country) —

14 Informant Isabelle Dickerson (Address) 907 Homewood Ave

15 Filed MAR 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 28th, 1925, to March 1, 1925, that I last saw h is alive on March 1st, 1925, and that death occurred, on the date stated above, at 7 Am. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Ted Hall, M. D.

. 19 (Address) 426 E 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetary — DATE OF BURIAL: Mar 4 1925

20 UNDERTAKER: J.P. J.H. Rochester — ADDRESS: 1443 Jefferson St

Spec.—1-10-21—M&T—1500 Blks.

D 95859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 95859

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Patapsco Av. Brooklyn 25-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Jacobs

(a) RESIDENCE NO. 406 Patapsco Ave. Brooklyn WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia C. Jacobs

6 DATE OF BIRTH (month, day, and year) May 4 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	25	

8 OCCUPATION OF DECEASED 629

(a) Trade, profession or particular kind of work. Electrial Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Davidson Chemical

(c) Name of employer Company

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Mordecai Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co. Md.

12 MAIDEN NAME OF MOTHER Mary E. Hartleve

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant James A. Jacobs

(Address) 4802 Ferndale Ave.

15 Filed MAR 4 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1924, to March 1st, 1925.. that I last saw him alive on March 1st, 1925, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis and cardiac hyper- trophy

(duration) yrs. 6 mos 18 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) immeddate mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Kleibel M. D.

3/3. 1925 (Address) 1224 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Mar 4 1925

20 UNDERTAKER John F Denny — ADDRESS 115 Light St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95860 D 95860

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. 4 - 1 WARD)

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mark Meekins

(a) RESIDENCE NO. Alberton Maryland. ST., WARD Alberton

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Siberia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hosp Records

(Address)

15 Filed MAR 4 - 1925, 19 ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1925, to March 3, 1925, that I last saw him alive on March 3, 1925, and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Aneurism of Thoracic Aorta.

Syphilis ? (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Prostatitis (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Upton P. , M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Alphonsus Cem DATE OF BURIAL Mar. 6 1925

20 UNDERTAKER Easton Sons ADDRESS Edmondson City

Spec.—1-10-21—M&T—1500 Bks.

17 & 134 D 95861 HEALTH DEPARTMENT—CITY OF BALTIMORE 901 D 95861

CERTIFICATE OF DEATH. 5 / 101 - 2

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Mitchell

(a) RESIDENCE NO. 313 Forest ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Note

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 9/23

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		23		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) D.C.

12 MAIDEN NAME OF MOTHER Bertha Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.C.

14 Informant Reynolds
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 4 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2. 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1925, to Mar 2 - 1925.
that I last saw him alive on Mar 2 - 1925
and that death occurred, on the date stated above, at 5 25 P. m.
The CAUSE OF DEATH* was as follows:
Acute Primary Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Rickets
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) A. Scott, M. D.
3 3, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 5 1925
20 UNDERTAKER Mrs R. L. Elliott	ADDRESS 1720 Madison Ave

HOW IS VERY important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 95862

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95862

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 349-E. 24. ST. 12-3 WARD)

2-FULL NAME Ralph. Hunston

(a) RESIDENCE NO. 349. E. 24. ST. 12 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	C.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Winslow

6 DATE OF BIRTH (month, day, and year) October

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER S. Hunston

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Harriet Harris

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Samuel Hunston
(Address) 1314 Hanover st

Filed APR 4 - 1925

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2nd 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Thos. Morrison, M. D.
(Coroner.)

March 3, 1925 (Address) 5632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 5 1925
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 1725 Eastland.

Cor.—1-12-25—M&T—100 Blks.

D 95863 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95863

CERTIFICATE OF DEATH. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Rutland Ave ST., 7-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Jones

(a) RESIDENCE NO. 810 Rutland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Jones

6 DATE OF BIRTH (month, day, and year) April 23/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Ofl
(c) Name of employer St. Joseph Hospital

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Alexander Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Caroline Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Frank Jones
(Address) 810 Rutland Ave

15 Filed MAR 4 - 1925, 192 A. Am, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns- over body & extremities. (Toxemia)
Soap boiled over in laundry, (steam)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Collins (Coroner), M. D.

3-2-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetery	Mar 4 192 5
20 UNDERTAKER Mrs P.G. Elliott	ADDRESS 720 Lexington

D 95864

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95864

CERTIFICATE OF DEATH.

1794

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Colonial Hospital St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Ginsberg

(Residence in Baltimore: No. 13[illegible] N. [illegible] St.; 3 yrs., 9 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH. May (Month) 30, (Day) 1921 (Year)

7-AGE. 3 yrs. 9 mos. 30 ds. If LESS than 1 day, ...hrs. or....mdn.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Morris Ginsberg

11-BIRTHPLACE OF FATHER. (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Mary Silverman

13-BIRTHPLACE OF MOTHER. (State or Country). Russia

14-THE ABOVE IS TREE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Silverman

(Address) 1518 N. Appleton St.

15- MAR 4 - 1925 (Date Filed) ROBERT R. KRAUTER, Burial Permit Clerk. (Clerk.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 3, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st. 1st & 2nds. degree burns of body (accidental).

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) clothes caught fire from gasoline

(Duration)....yrs....mos....ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

March 4, 1925. (Address) 2832 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. View Rosedale DATE OF BURIAL. March 4 1925

20-UNDERTAKER. Fact News ADDRESS 1439 E. Balto

Spec.—1-10-21—M&T—1500 Bks.

Balmash.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95865

CERTIFICATE OF DEATH.

101 001 L

D 95865

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. 3-2 ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Morris Balmash

(a) RESIDENCE NO. 25 S. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Balmash

6 DATE OF BIRTH (month, day, and year): Autumn.

7 AGE: Years 34; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cap. Cliff Dwellers

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Levis

(Address): 1439 E Baltimore

15 Filed MAR 4 - 1925, 19.... ROBERT R. KRAUSKOPF Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 1925, to Mar 4, 1925, that I last saw him alive on Mar 4, 1925 and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ✓ yrs. ✓ mos 7 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination Laboratory

(Signed) Isidore J. Fry, M. D.

Mar 1924 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Int Carmel

DATE OF BURIAL: 3/4 1925

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E Baltimore

FOR IMPORTANT INSTRUCTIONS on back of certificate.

Spec–12-23-21–E.B.R.S.–400 Bks.

95866

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. Broadway & Fairmount St. 61 Ward) 717

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John Hamilton

(a) Residence No. Wendell Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Hamilton

6-DATE OF BIRTH (month, day and year) Oct 1 1863

7-AGE. 61 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Elect Engr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md Dry Dock Co

9-BIRTHPLACE (city or town) (State or Country). Scotland

PARENTS.

10-NAME OF FATHER. John G. Hamilton

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Scotland

12-MAIDEN NAME OF MOTHER. Mary Kirkwood.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Scotland

14- (Informant) John G. Hamilton

(Address) Roslyn Sta. Md.

15- Filed 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 4 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1925 to March 4 1925

that I last saw him alive on March 4 1925

and that death occurred, on the date stated above, at 12:20a m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease

(Duration) 3 yrs. 3 mos. ds

CONTRIBUTORY (Secondary) Appendectomy
Bronchopneumonia

(Duration) yrs. mos. 7 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 14 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George Buell M. D

3/4, 1925 (Address) Church Home & Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudenning Md.

DATE OF BURIAL. Mar 5, 1925

UNDERTAKER. Frank L. Cook

ADDRESS 1003 N Gay St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95867

CERTIFICATE OF DEATH.

D 95867

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette ST., 70-5 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Thomas H. Beaumont

(a) RESIDENCE NO. 244 N. Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Fannie Beaumont

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1871

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
53	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O. R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Alex R. Beaumont

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Schafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Harry A. Beaumont

(Address) 21 N Dalton Ave.

15 Filed 4-1925 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3d 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1925, to March 3d, 1925.

that I last saw h alive on March 3d, 1925

and that death occurred, on the date stated above, at 10.05 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Arrest Paralysis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas R Waltz M. D.

3-7 19 25 (Address) 3200 Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Mar. 6 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N Calvert

THIS IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95868

CERTIFICATE OF DEATH.

11-3 90

D 95868

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 St. Paul ST., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelaide Stansbury Wilson

(a) RESIDENCE NO. 1013 St. Paul. ST., 11 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) March 14, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Franklin Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Virginia Appleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bangor Maine

14 Informant (Address) J. Appleton Watson 1013 St. Paul St

15 Filed 4-1925, 19... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1924, to March 3rd, 1925, that I last saw h alive on March 3rd, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Myocarditis)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. B. Gamble, M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Mar 5 1925
20 UNDERTAKER	ADDRESS
John B Spence	1325 N. Caroline St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95869 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95869

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary 123

City of BALTIMORE: (No. Church Home & Infirmary St., 7-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katy M. Cornelius

(a) Residence No. 1630 Abbot St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, ~~Widowed, or Divorced.~~ (Write the word.) married

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of Wm Cornelius

6-DATE OF BIRTH (month, day and year) March 7/69

7-AGE. 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country). Balto. md

PARENTS.

10-NAME OF FATHER. John Maiden

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Germany

14- (Informant). John Klutt (Address) 1736 E Baltimore st

15- Filed ..... 192.. Robert P. Harrison Registrar.

4 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1925 to Mar. 3 1925, that I last saw h.. alive on Mar. 3 1925, and that death occurred, on the date stated above, at 11:40 A.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis and Cholelithiasis

(Duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 1630 Abbot St.

Did an operation precede death? Yes Date of Feb 24 1925

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H. Wright M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bolto Cemetery — DATE OF BURIAL. March 6 1925

20-UNDERTAKER. Robt J Turner Inc — ADDRESS 1642 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95870 D 95870

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1601 Clifton ave ST. 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Thomas

(a) RESIDENCE NO. 1601 Clifton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. R. Thomas

6 DATE OF BIRTH (month, day, and year) Sept. 29 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Salts. City (State or country)

PARENTS

10 NAME OF FATHER Chas. A. Lentz

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Katy Kreines

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant father (Address)

15 Filed . 19 Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925, to Mar 3, 1925, that I last saw h[illegible] alive on Mar 3, 1925, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) 4 yrs., mos ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lyman S. Abbott M. D.

. 19 (Address) 1932 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Cathedral Cemetery	Mar 6 19 25
20 UNDERTAKER Robt J Turner Inc	ADDRESS 417 E. Biddle

Spec.—1-10-21—M&T—1500 Bks.

17897871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 B 95871

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 26-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annette Keiser

(a) RESIDENCE NO. 3408 Eastern ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred white yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 2, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	-	4	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Herbert Keiser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Marie Koelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 4-1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 2. 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1925 to Mar 2, 1925

that I last saw her alive on Mar 2, 1925

and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bachmans Cem.	Mch 5, 1925

20 UNDERTAKER: Zirkler & Zirkler ADDRESS 1734 Eager

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95872

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95872

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 W. Baltimore ST., 4-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry F. Cunningham

(a) RESIDENCE NO. 629 W. Baltimore ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 21-1884.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman (Stationary Boiler)

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital 086

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Connellsville
(State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER William J. Cunningham

11 BIRTHPLACE OF FATHER (city or town) Scottdale
(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Maria L. Shellenberger

13 BIRTHPLACE OF MOTHER (city or town) Dawson
(State or country) Pa.

14 Informant Harvey C. Smith
(Address) 412 McKee Ave., Monessen, Pa.

15 Filed 3-4-1925, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1 - , 1925, to March 3 - , 1925;
that I last saw him alive on March 2 , 1925,
and that death occurred, on the date stated above, at 7:40 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 0 yrs. 7 mos. 0 ds.

CONTRIBUTORY (Secondary) none
(duration) ... yrs. — mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chester Riland, M. D.

3-4-1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mill Grove Cem. Connellsville

DATE OF BURIAL Mar 6th 1925

20 UNDERTAKER John F. Cowan & Son
per F. J. Cowan

ADDRESS 901 Fulton St.

TION is very important. See instructions on back of certificates.

Burial Records

D 95873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95873

1-PLACE OF DEATH

Registered No. C 199

City of BALTIMORE: (No. Md. Gen. Hosp. St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Womely

(Residence in Baltimore: No. ~~El Kake~~ Principio Furnace St.; yrs. ..... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. Sept. 10, (Month) (Day) 1903 (Year)

7-AGE. 21 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER Sandy Womely

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Sarah Bolds

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sandy Womely

(Address) Brandy, Va.

15- Robert T. Harrison,

Filed 1925 192 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 2, (Month) (Day) 192 5 (Year)

17-I HEREBY CERTIFY, That I took charge of the remains described above, held an (autopsy) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) ~~inquest~~ autopsy, find that said deceased came to ~~his~~ death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull (Homicide) (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Hit w head with a shovel (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

March 4, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Perryville, Md	March 4 1925
20-UNDERTAKER.	ADDRESS
Lee A. Patterson	Perryville Md

Spec– 12-23-21– E.B.R.S.—400 Bks.

D 95874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95874

1-PLACE OF DEATH

City of BALTIMORE: (No. 1946 W. Lanvale St., 16-5 Ward) Registered No. 90

2-FULL NAME Christina Trang

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1946 W. Lanvale st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of Rudolph Trang

6-DATE OF BIRTH (month, day and year) Dec 26 1874

7-AGE. 50 yrs. 2 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Wagner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Bomm

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mr. Rudolph Trang

(Address) 1946 W. Lanvale st

15-

Filed 4-7 1925 192 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 3. 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1924 to March 3 1925

that I last saw h. alive on March 3 1925

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) about yrs. mos. ds

CONTRIBUTORY (Secondary) Senile Nephritis

(Duration) yrs. 3 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Carl Reigner M. D

March 3, 1925 (Address) 1702 Linden Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem. DATE OF BURIAL. March 5 1925

20-UNDERTAKER. Jos Joerdens Son ADDRESS 2173 Penn

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95875

1-PLACE OF DEATH

City of BALTIMORE: (No. 3607 Old Yorkroad Ward) 9-1 109.002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth T. Yaeger

(a) Residence No. 3607 Old Yorkrd St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr 27, 1917

7-AGE, 7 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Albert W. Yaeger

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Elizabeth Munnerick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Albert W Yaeger

(Address) 3607 Old Yorkroad

15- Filed, 192 Robert P. Garrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch 3 1925

17- I HEREBY CERTIFY, That I attended deceased from Febry 4, 19 25 to Mch 3, 19 25 that I last saw him alive on Mch 2, 19 25 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Malignant Endocarditis

(over)

(Duration) yr. 1 mos. ds.

CONTRIBUTORY (Secondary) Dil. of Heart Oedema of Lungs (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood culture

(Signed) H A Bowden M. D.

3/3, 1925 (Address) 1517 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Western Cem	3/5/1925
20-UNDERTAKER, John Merrick	ADDRESS 2008 Orleans

D 95876

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95876

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE. (No. 3207 Pickens road St.) 15 - 8 (Ward) Registered No. C

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rena M. Askey

(Residence in Baltimore: No. 3207 Pickens road St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Dec (Month) 28 (Day) 1881 (Year)

7-AGE. 43 yrs. 3 mos. 3 ds. If LESS than 1 day, hrs. or... min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country) Baltimore

PARENTS:
10-NAME OF FATHER. Peter Dreherring
11-BIRTHPLACE OF FATHER. (State or Country) Germany
12-MAIDEN NAME OF MOTHER. Kat[illegible]
13-BIRTHPLACE OF MOTHER. (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) James R. Askey
(Address) 3207 Pickens road

15- Filed 4-1925 192 Robert F. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. March (Month) 3, (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

arterio-sclerosis

(Duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) cerebral Hemorrhage
(Duration) yrs. mos. 1 ds.

(Signed) J. T. Hennessy, M. D. (Coroner)
March 4, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park — DATE OF BURIAL. 3/6 1925

20-UNDERTAKER. Brokler & Brokler — ADDRESS 1139 Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 95877

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95877

CERTIFICATE OF DEATH.

101-091

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 975 E. Chase, St.; 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes F. Mallon

(Residence in Baltimore: No. 975 E Chase St. St.; yrs. 4/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. March 17, 1918.
(Month) (Day) (Year)

7-AGE. 6 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. John B. Mallon

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Mary Kelly

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Mallon

(Address) 975 E Chase St.

15-

Filed 1925, 192.

Robert P. Harrison, Registrar.

Burial Permit Cl

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 2nd, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1925, to Mar 2nd 1925, that I saw her alive on Mar 1st 1925, and that death occurred, on the date stated above, at 12-30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) Wm. Pearce M. D.

Mar 4, 1925 (Address) S. E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Catholic Cem

DATE OF BURIAL, 3/5, 1925.

20-UNDERTAKER Hartlin Funeral Home

ADDRESS 1017 N Monte

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95878 D 95878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

City of BALTIMORE: (No. 13 S. High Street St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Kaplan

(a) Residence No. 13 S. High Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Kaplan

6-DATE OF BIRTH (month, day and year) 1861

7-AGE.	If LESS than 1 day.
64 yrs. mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fish Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Ost

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jack Levis

(Address) 1429 E Balto St

15- Filed 4-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/4/25

17- I HEREBY CERTIFY, That I attended deceased from 7 N 15, 1924 to March 4, 1925 that I last saw him alive on March 3, 1925 and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(Duration) 3 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History + Exam.

(Signed) Jack Levis, M. D.

3-4, 1925 (Address) 223 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Russell St. Cemetery	3-4, 1925

20-UNDERTAKER.	ADDRESS
Jack Levis	1429 E Balto St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 95879

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95879

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 N Lakewood ave Ward) 7-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilmer H Johnson

(a) Residence No. 517 N Lakewood ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
M	W	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L Johnson

6-DATE OF BIRTH (month, day and year) Unknown 1862

7-AGE. 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 108

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Pennsylvania

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Pennsylvania

14- (Informant) Anna L Johnson

(Address) 517 N Lakewood ave

15- Filed 3-4 1925 19?

Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 3 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1925 to March 3 1925

that I last saw him alive on March 2 1925

and that death occurred, on the date stated above, at 4/5 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What lest confirmed diagnosis?

(Signed) John F. Owens M. D.

March 4 1925 (Address) 35 N Potomac St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn — DATE OF BURIAL. March 5 1925

20-UNDERTAKER. Wendell Riffel & Son — ADDRESS 378 Hanover

Spec.—1-10-21—M&T—1500 Bks.

D 95880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95880

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Lee Emerson Hospital ST., 18-1 WARD)

2-FULL NAME Mary Lauerwein

(a) RESIDENCE NO. 924 Bennett Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 6, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Lauerwein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs. Lauerwein 924 Bennett Place

15 Filed ..... 19 Albert F. Harrison, Registrar

Burial Permit Clerk.

1 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to March 4, 1925, that I last saw h alive on March 4, 1925, and that death occurred, on the date stated above, at 7:10 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency & arterio-sclerosis & Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theo A. Kracke M. D.

, 19 (Address) 1001 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	March 6 1925
20 UNDERTAKER	ADDRESS 153 C
George J. Smith	Hollins

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 95881

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95881

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH West Balt general Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Raynor ave & Dukeland WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Richd J. matthews

(a) RESIDENCE NO. 1021 Appleton St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 28 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) County

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Elizabeth M Matthews
(Address) 1021 Appleton St.

15 Filed MAR 1925, 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/ 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/2/25, 1925, to 3/4/25, 1925, that I last saw h live on 3/4/25, 1925, and that death occurred, on the date stated above, at 11.20 A m.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cardiac D. Chronic

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) Clement B Manrod, M. D.

, 19 (Address) West Baltimore General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	March 7 1925
20 UNDERTAKER	ADDRESS 1131 W. Lexington St.
George J. Smith	

D 95882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

189 D 35882

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. Colonial Hospital 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Hopkins

(Residence in Baltimore: No. 426 N. Carrollton Ave St.; 74 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	widow

6-DATE OF BIRTH. about 1851
(Month) (Day) (Year)

7-AGE. 74 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Missionary Worker
(b) General nature of industry, business, or establishment in which employed (or employer): 065

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS:
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER, (State or Country),
12-MAIDEN NAME OF MOTHER,
13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. R. K. Hundley
(Address) 3003 Jefferson Ave

15- Filed 192 Robert P. Harrison Registrar. Burial Permit Clerk

F - 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 3, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said jury (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

crushing injuries to chest (accidental)
5 minutes
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Run-over by run-away horses.
(Duration) yrs. mos. ds.

(Signed) D. J. Hennessy M. D.
(Coroner)

March 4, 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL March 5 1925

20-UNDERTAKER. George J. Smith & Collins ADDRESS 1532

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95883

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 McCabe St., 27-9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Kinmith

(a) Residence No. 607 McCabe Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) January 1864

7-AGE. 60 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Stationary

(b) General nature of industry, business, or establishment in which employed (or employer). Fireman 086

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Roger Kinmith

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Bridget Mitchell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) A. F. Hoecker

(Address) 607 McCabe

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 2 1925

17- I HEREBY CERTIFY, That I attended deceased from March 2 1925 to March 2 1925

that I last saw him alive on March 2 1925

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

High Blood Pressure

Chr. Int. Nephritis

(Duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) Few hours yrs. mos. ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. T. Bishop M. D.

3-3 1925 (Address) 501 Sheridan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St. Peters Cem	March 5 1925
20-UNDERTAKER.	ADDRESS
H. B. Benning & Co.	517 N. Schroeder

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95884

CERTIFICATE OF DEATH

D 95884

1-PLACE OF DEATH 2440 E. Biddle st. 146

CITY OF BALTIMORE: No. 2440 E. Biddle St.; 8-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellnora F. Bader.

(a) RESIDENCE. No. 2440 E. Biddle ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 1909

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Packer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 076

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Charles A Bader.

11 BIRTHPLACE OF FATHER (city or town) (State or country) NYork city N.Y.

12 MAIDEN NAME OF MOTHER Annie L. Ayres

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles A Bader.
(Address) 2440 E. Biddle

15 Filed 4-1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1925, to March 4, 1925, that I last saw her alive on March 3, 1925, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Confinement & Period Lacration (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. J. Carman, M. D.

34. 1925 (Address) 1701 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	3/6. 1925

20 UNDERTAKER Walter Lavin

ADDRESS 3307 Paine St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95885

D 95885

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SOUTH BALTO GEN'L HOSP 24 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARY FERN COCHRAN

(a) RESIDENCE No. 135 E. RANDALL ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	WHITE	SINGLE

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work INFANT

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) BALTO MD — (State or country) 135 E. RANDALL ST.

PARENTS

10 NAME OF FATHER ALBERT COCHRAN

11 BIRTHPLACE OF FATHER (city or town) BALTO MD — (State or country)

12 MAIDEN NAME OF MOTHER EDITH CAMERON

13 BIRTHPLACE OF MOTHER (city or town) BALTO MD — (State or country)

14 Informant ALBERT COCHRAN (Address) 135 E RANDALL ST.

15 4-1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MARCH 4 1925

17 I HEREBY CERTIFY, That I attended deceased from MARCH 3, 1925, to MARCH 4, 1925, that I last saw her alive on MARCH 4, 1925 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Icterus Hemorrhagica

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Umbilical Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? SIGNS & SYMPTOMS

(Signed) J. E. Peterman M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Mar. 5 1925

20 UNDERTAKER: Margaret E. Flynn ADDRESS: 14 W. Pratt St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95886 — CERTIFICATE OF DEATH: — D 95886

1-PLACE OF DEATH: Howard A Kelly Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST., — WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Mrs. Agnes Oliver Jones.

(a) RESIDENCE NO. Stricklersville Pa — ST., Howard A Kelly Hospital — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of Geo. W. Jones.

6 DATE OF BIRTH (month, day, and year) July. 30' 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Troy N Y.

PARENTS

10 NAME OF FATHER: Samuel R. Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Edinborough Scotland

12 MAIDEN NAME OF MOTHER: Janetta Smythe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Colraine Ireland

14 Informant: Mrs Charlotte S. Owen
(Address) Stricklersville Pa.

15 Filed MAR 5 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 4/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26 , 1925 , to Mar. 4, , 1925 .

that I last saw h alive on Mar-4, , 1925

and that death occurred, on the date stated above, at 7 55 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma uterus

(duration) yrs. 2+ mos. ds.

CONTRIBUTORY (Secondary) Sarcoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb 26, 25

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Grant Edward M. D.

, 19 (Address) 1418 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Newark Delaware — DATE OF BURIAL: March 1925

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. North ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95887

CERTIFICATE OF DEATH.

95887

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST., 4-1 WARD)

2-FULL NAME Martha A. Bankard.

(a) RESIDENCE No. Westminster ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. M. Bankard.

6 DATE OF BIRTH (month, day, and year) Mch 6 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Jemiah Clough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant F. B. Reese

(Address) Westminster Md

15 Filed MAR 5 - 1925 ROBERT S. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 5 1925

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to March 5, 1925.

that I last saw h[illegible] alive on March 5, 1925,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Wm Glover Jr. M. D.

, 19 (Address) Union Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. M. Roudabush — DATE OF BURIAL: March 6 1925

20 UNDERTAKER: Westminster Md — ADDRESS: 2238 N. Howard

Spec—12-23-21—E.B.R.S.—400 Bks.

95888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 716 Cator Ave. Waverly St., 9-1 129 (Ward)

Registered No. D 95888

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ellen Hamilton

(a) Residence No. 716 Cator Ave. Waverly St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 5 mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6-DATE OF BIRTH (month, day and year) Oct. 3, 1860

7-AGE,	If LESS than 1 day,
64 yrs. 5 mos. 0 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Gilpin Langdon & Co.

9-BIRTHPLACE (city or town): Baltimore

(State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Charles Hamilton

11-BIRTHPLACE OF FATHER (city or town): (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret Barnhill

13-BIRTHPLACE OF MOTHER (city or town): (State or Country), Scotland

11- (Informant): Miss Mary A. Hamilton

(Address): 716 Cator Avenue

12- MAR 5 - 1925

ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 3-25

17- I HEREBY CERTIFY, That I attended deceased from Jan. ..., 1922, to March 3, 1925.

That I last saw him alive on March 2, 1925

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Grippe"

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoen, M. D.

3-4, 1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St. John's Cemetery, Waverly	3/5, 1925

20-UNDERTAKER.	ADDRESS
Henry U. Mears	1805 N. Calvert

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95889

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95889

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3123 Stafford St (St.) (20-24 Ward) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Eberwein

(a) RESIDENCE. No. 3123 Stafford St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Eberwein

6 DATE OF BIRTH (month, day, and year) 30 Dec 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant August Eberwein
(Address) 3123 Stafford St

15 Filed MAR 5 - 1925, 19 . Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from 21st, 1925, to 3 Mar, 1925, that I last saw h er alive on 2 Mar, 1925, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage age 2

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Right Paralysis

(Signed) Vance Hooper, M. D.

, 19 (Address) 2365 Ford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	3/6/25
20 UNDERTAKER	ADDRESS
Geo. A Farley	Fulton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95890

CERTIFICATE OF DEATH.

38 D 95890

1-PLACE OF DEATH Bay View Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 16-1 WARD)

2-FULL NAME Cora Jackson

(a) RESIDENCE NO. 1222 Franklin Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aura Jackson

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
42				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Jackson,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Willie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Bay View Hospital, (Address) Baltimore, Md.

15 Filed MAR 5 - 1925, 19 ROBERT B. KRAUTER, Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1925

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1925, to March 2, 1925, that I last saw h e alive on March 2, 1925 and that death occurred, on the date stated above, at 10.45 A.m

The CAUSE OF DEATH* was as follows:

Intestional Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Paralysis, luetic infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. B. Edmunds, M. D.

19 3/5/25 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Balto Md DATE OF BURIAL Midnight Night 3rd 1925

20 UNDERTAKER Samuel T. Moseley & Bro. ADDRESS 578 W. Baltimore

FROM KEY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 95891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 95891

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Chapman St. (Home) ST. 5-27 WARD)

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Gray

(a) RESIDENCE No. 207 Chapman St. (Home) ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos H Gray

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of Industry, business, or establishment in which employed (or employer) 021

(c) Name of employer Mr Chas Slagle Alfod Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lydia Burke

(Address) 1409 D Hill ave

15 Filed MAR 5 - 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1924 to Mar. 2, 1925

that I last saw h[illegible] alive on Feb. 28, 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) 4 yrs mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Carr Jr. M. D.

(Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Mar 1925

20 UNDERTAKER Saml T Hemsley

ADDRESS 578 N Eutaw

Spec.—1-10-21—M&T—1500 Blks.

178930 D 95892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 D 95892

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 6-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence Elsey

(a) RESIDENCE NO. 1639 E. Fayette ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amelia Elsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... 19 ..... ROBERT N. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 , 1925 , to Mar 1 , 1925 ,
that I last saw him alive on Mar 1 , 1925 ,
and that death occurred, on the date stated above, at 7 0 m.
The CAUSE OF DEATH* was as follows:
Intestinal Obstruction

(duration) ... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of (1) 2-27-25 (2) 3-1-25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J A Wentum M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	march 5 1925
20 UNDERTAKER Edward Bryan	ADDRESS 691 orleans st

FEB - 1925

Spec.—1-10-21—M&T—1500 Bks.

Gains

B 95893

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95893

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Division ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Gains

(a) RESIDENCE No. 1416 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Oct 28 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Isaiah Gains

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Carolina

12 MAIDEN NAME OF MOTHER Alice Easley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Alice Gains Mother 1416 Division St. Balto

15 Filed ... 19 ... Registrar

ROBERT R. KRAUSER, Burial Permit Clerk

MAR 5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 19 25

17 I HEREBY CERTIFY, That I attended deceased from March 1 19 25 to March 4 19 25

that I last saw her alive on March 3 19 25

and that death occurred, on the date stated above, at 6 15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Not Known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bain M. D.

19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem

DATE OF BURIAL 3-5- 1925

20 UNDERTAKER Daniel Easter

ADDRESS 916 Ca ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95894

CERTIFICATE OF DEATH.

D 95894

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Race ST. 23-1 WARD)

2-FULL NAME Gerald Griffith

(a) RESIDENCE NO. 1019 Race St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 45 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Alabama

PARENTS

10 NAME OF FATHER: Alex Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alabama

12 MAIDEN NAME OF MOTHER: Font Kunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Font Kunn

14 Informant: Janette Griffith

(Address): 1019 Race St

15 Filed MAR 5 - 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 2 1925

17

I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ 1-19, 1924, to Mar 2, 1925,

that I last saw ~~him~~ alive on Feb 14, 1925,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? symptoms

(Signed) ..... M. D.

3-2-1925 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 3-6-25

20 UNDERTAKER: Daniel Eaton

ADDRESS 916 6th ave

Spec.—1-10-21—M&T—1500 Bks.

D 95895

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95895

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 W. Fairmount St. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McMechan

(a) RESIDENCE NO. 2619 W. Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7. 1881

7 AGE Years	Months	Days	If LESS than 1 day hrs. or
43	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Bakery

(c) Name of employer Bakery

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Biller

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) 2619 W. Fairmount Ave

15 Filed APR 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 19 25

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1924, to March 25, 1925, that I last saw h. alive on March 25 1925 and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Bronchus Pneumonia

(duration) yrs. mos 7/ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M. D.

3/4 1925 (Address) 1027 Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	3/5/25
20 UNDERTAKER	ADDRESS
F. D. Wahlert	850 W. Balto St

Spec.—1-12-23—M&T—500 Blks.

D 95896 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95896

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 2416-1 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alice Blount.

(a) RESIDENCE No. 4216 Conyngham Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Erie Pa

(State or country)

PARENTS

10 NAME OF FATHER Geo Lambert

11 BIRTHPLACE OF FATHER (city or town) Philadelphia

(State or country)

12 MAIDEN NAME OF MOTHER Angeline S Kibble

13 BIRTHPLACE OF MOTHER (city or town) Pa

(State or country)

14 Informant Helen Schlosser

(Address) Westminster Md

15 Filed MAR 5 1925, 19 H. Am Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1925, to March 3, 1925,

that I last saw him alive on March 2, 1925,

and that death occurred, on the date stated above, at 12.40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination.

(Signed) Norman Gundry M. D.

, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb 6 1925

UNDERTAKER J. B. Hapgood ADDRESS 1850 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

D 95897 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95897

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Frederick Ave ST., 20 WARD) REGISTERED No. 4655

2-FULL NAME Mary T Tarum

(a) RESIDENCE NO. 2813 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Tarum

6 DATE OF BIRTH (month, day, and year): Aug 28 1876

7 AGE: Years 48 Months 6 Days 4 If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: David Jung

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Dowd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Henry Tarum

(Address) 2813 Frederick Ave

15 Filed ....., 19 .... Registrar H. Anders

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1925, to March 4, 1925, that I last saw h[e] alive on March 3, 1925, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteri Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Dr. A Krull, M. D.

3/4, 1925 (Address) 4307 Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: March 7 1925

UNDERTAKER: F. B. Wright ADDRESS: 1850 W Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95898 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95898

CERTIFICATE OF DEATH. 57

1-PLACE OF DEATH St. Joseph's Hospital Registered No.

City of BALTIMORE: (No. 10-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella O' Connor

(a) Residence No. 1215 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) unknown

7-AGE. about 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housekeeper 68

(b) General nature of industry, business, or establishment in which employed (or employer) Formerly with

(c) Name of employer Wm. H. Sotheran Co.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George O'Connor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine McDonnal

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-(Informant) George Hogan

(Address) 922 E. Eager St

Date Received MAR 5 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 3/1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1925 to Mar. 3, 1925

that I last saw h.e. alive on Mar. 3, 1925

and that death occurred, on the date stated above, at 5'58 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chron. Nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene Right Foot

(Duration) 5 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Sybert M. D

, 19 (Address) St. Jos. Hosp

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL. Mar. 6, 1925

20-UNDERTAKER Edward W. Conklin

ADDRESS 924 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

D 95899

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95899

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST., 14-1 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Parker

(a) RESIDENCE NO. Unknown 507 Robert ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer Mrs Thompson

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Bay View Hospital.
(Address) Baltimore, Md.

15 Filed MAR 5 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1 1925

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1923, to March 1, 1925, that I last saw h e alive on February 28, 1925 and that death occurred, on the date stated above, at 11.30 Pm.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pnuemonia
Arterio Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis with deterioration.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) N. Goldsmith, M. D.

3/2, 1925 (Address) Bayview Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Mch 5 1925
20 UNDERTAKER	ADDRESS
Wm. H. Case & Son	[illegible]

THIS IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

17192 D 95900

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95900

CERTIFICATE OF DEATH. X 36-004

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Underwood

(a) RESIDENCE No. 1147 N. Carrollton ST., WARD Virginia

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Underwood

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas Flanigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bettie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 5 - 1925 H. Lane Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to Mar. 3., 1925.

that I last saw her alive on Mar. 3 - , 1925

and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Kidney.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Duodenal fistula.

(duration) yrs. mos. 10. ds.

18 Where was disease contracted if not at place of death? at 1147 Carrollton Ave.

Did an operation precede death? Yes. Date of Jan 24, 25

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy.

(Signed) W W Peters, M. D.

3-4, 1925 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charlottesville Va	March 6 1925
20 UNDERTAKER	ADDRESS
Sam'l N. Chase & Son	1400 Madison

HOW IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 95901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Division ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle Tolson

(a) RESIDENCE NO. 1537 Division ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? ~~44~~ yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 12 1881

7 AGE: Years 44; Months; Days; If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Emmanuel Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Susan Henson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Geo. Tolson. (Address): 924 Druid Hill Ave.

15 Filed MAR 5 - 1925 ROBERT R. KRAUTER, Registrar

Rachel Parrott Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1925, to Mar. 2, 1925, that I last saw h~~e~~r alive on Mar. 2, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Ac. Lobar Pneumonia.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) W. F. Carr, M. D.

(Address) 515 Arrowsmith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Mar 6 1925

20 UNDERTAKER: McR. G. Elliott | ADDRESS: 1735 Eastland

Cor.—1-12-23—M&T—100 Bks.

D 95902 **HEALTH DEPARTMENT—CITY OF BALTIMORE.** D 95902

CERTIFICATE OF DEATH.

90

24-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., WARD)

2-FULL NAME Robert L.Smith. Sr.

(a) RESIDENCE NO. 205 E.West St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Anna Smith.

6 DATE OF BIRTH (month, day, and year) August 13,1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	6	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ship caulker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore,Md.

PARENTS

10 NAME OF FATHER Charles Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore,Md.

12 MAIDEN NAME OF MOTHER Ida Figs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore,Md.

14 Informant Robert L.Smith.Jr.(son)
(Address) 205 E.West St.

15 MAR 5 - 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt, M. D.
(Coroner)

March 4, 1925 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?
205 E.West St. March 8,1925.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross 446 — DATE OF BURIAL 3-5 1925

20 UNDERTAKER Chas H. Hartle — ADDRESS 115 E. Nor[illegible]

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95903

HEALTH DEPARTMENT—CITY OF BALTIMORE

M D 95903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Penitentiary Hospital 31 Registered No.

City of BALTIMORE: (No. 954 Forrest St., 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Elijah Brown

(a) Residence No. 1342 Cleveland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 16, 1890

7-AGE. 34 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Elkridge Landing Md.

PARENTS.

10-NAME OF FATHER, Thomas Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Malburn Md.

12-MAIDEN NAME OF MOTHER, M. —— Dorsey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Laurel Md.

14- (Informant) Md Penitentiary Records.

(Address) 954 Forrest St.

15- MAR 5 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1924 to Mar. 3 1925

that I last saw him alive on Mar. 3 1925

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 6 mos. ds

CONTRIBUTORY (Secondary) Fistula in ano

(Duration) yrs. 1 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab. findings

(Signed) J. M. Edmondson M D

. 19 (Address) 954 Forrest St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Mar. 5, 1925

20-UNDERTAKER. J. W. Johnson

ADDRESS 1309 Druid Hill Ave.

Spec.—1-10-21—M&T—1500 Bks.

D 95904

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-002 D 95904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Park Ave ST., 14-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Araminta Massey Seegar

(a) RESIDENCE NO. 1529 Park Ave ST., ... WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 55 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Not known? About 55 yrs			?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 165

(b) General nature of industry, business, or establishment in which employed (or employer) Public Schools

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Centreville Maryland

PARENTS

10 NAME OF FATHER Jas. M. Seegar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne Maryland

12 MAIDEN NAME OF MOTHER Frances K. Emory

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne Maryland.

14 Informant Dr. J. K. B. Seegar (Bro.)

(Address) 701 N. Charles St.

15 Date received MAR 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3-1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 28th, 1925, to March 3, 1925,

that I last saw h[illegible] alive on March 3, 1925,

and that death occurred, on the date stated above, at 10.40 p m.

The CAUSE OF DEATH* was as follows:

Adenoma of thyroid, Chronic myocarditis, Auricular fibrillation.

(duration) Several yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Terminal infection, undetermined Organ (duration) — yrs. — mos. 25 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests etc

(Signed) D. Calvert Arrett, M. D.

, 19 (Address) 718 Park Ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Mar 5 1925.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

D 95905

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95905

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Merriman

(a) RESIDENCE NO. 13 E. Church ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	yrs		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) N.C.
(State or country)

PARENTS

10 NAME OF FATHER Mike Merriman

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Merriman

13 BIRTHPLACE OF MOTHER (city or town) N.C.
(State or country)

14 Informant Municipal Hosp. Record
(Address)

15 [illegible] Robert F. MATTSON, .19 Registrar

- 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3/1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1924, to March 3, 1925, that I last saw h. alive on March 3, 1925, and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension Chronic myocarditis, myocardial insufficiency

(duration) 1 yrs. History ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy

(Signed) W.L. Miller, M. D.

3/3, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Auburn

DATE OF BURIAL March 6 1925

20 UNDERTAKER R L Parham 906 Leadenhall st

ADDRESS

FROM IF very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 95906

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2118 Cambridge St., 1-1 Ward) 90

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Brzycha

(a) Residence No. 2118 Cambridge St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Brzycha

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Thomas Brzycha

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14- (Informant) Emma Brzycha

(Address) 2118 Cambridge St

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-2-25

17- I HEREBY CERTIFY, That I attended deceased from 2-25-25 to 3-2-25 19 25

that I last saw him alive on 3-1 19 25

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Cerebral Congestion

Hypostatic Pneumonia

Arteriosclerosis (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Lung

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Fred Reinoehl M. D.

19 (Address) 2001 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery — DATE OF BURIAL Mar 6 1925

20-UNDERTAKER, Frank Crockson — ADDRESS 1906 E Lord Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95907

CERTIFICATE OF DEATH.

7-1 118-00

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1036 N. Gay St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Margaret Stephens

(a) Residence No. 1036 N. Gay St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 15th 1848

7-AGE. 76 yrs. 8 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Houses Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Andrew Otto

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, ? Koch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Mrs. Wallinaus Kenner

(Address) 1036 N. Gay St.

15- Filed 5-1925 192.... Robert F. Harrison, Registrar. Central Vital Cl...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-3-'25

17- I HEREBY CERTIFY, That I attended deceased from February 28th 1925 to March 3rd 1925 that I last saw her alive on March 3rd 1925 and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Cecelia E. Linke, M. D.

3/4th 1925 (Address) 1717 N. Caroline St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	March 6 1925
20-UNDERTAKER.	ADDRESS
H. Henry Lantz	N. Broadway 1203

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 35908 D 35908

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 Ailsa Ave. ST., Hamilton 21-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Schmidt

(a) RESIDENCE No. 33 Ailsa Ave. ST., Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/e yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schmidt

6 DATE OF BIRTH (month, day, and year) March 14 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	67	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Stationary

(c) Name of employer

030

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER David Schmidt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schafer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Fred. W. Schmidt

(Address) 33 Ailsa Ave. Hamilton

15 Robert F. Harrison,

MAR 5 - 1925, 19 Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1924, to Mch 4, 1925, that I last saw him alive on mch 3, 1925, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Antrum of Highmore

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical —

(Signed) Fritz J. Kimsey, M. D.

3/4, 1925 (Address) 2700 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	March 6 1925
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	Fulberton

Spec. 1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95909 D 95909

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Key & Greenspring Ave ST., 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Bentley.

(a) RESIDENCE No. Key & Greenspring Aves ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or min.
	85	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Thomas Bentley

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Catherine Dykes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nova Scotia

14 Informant Maurice Porter

(Address) Greenspring ave nr Wash

15 Filed 5-1925, 19 Robert T. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby. 28th, 1925, to Mar. 4th, 1925, that I last saw him alive on Mar. 3rd, 1925, and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows: Acute Congestion of one lobe of lung with suggestion of Pneumonic Spots.

(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Heart lesion & atheromatous arteries

(duration) Several yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) O. H. Hoffman M. D.

3-4, 1925 (Address) 2032 W. North Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 6 1925
20 UNDERTAKER	ADDRESS
George J. Smith	1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Blks.

95910

HEALTH DEPARTMENT—CITY OF BALTIMORE

95910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Mens Home St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Murray

(a) Residence No. 1400 W Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Mard

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 4 1849

7-AGE, 75 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 006

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, James A Murray

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER, Ellen Frazell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Carroll Co

14- (Informant) L B Fisher

(Address) 1400 W Lexington St

15- Filed Robert P. Harrison, Registrar.

3 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 4-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 4, 19 25 to March 4, 19 25

that I last saw h alive on March 4 19 25

and that death occurred, on the date stated above, at 9 20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Atherosclerosis

Degeneration Heart

& Arteries

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J J Woodward, M. D.

March 6 19 (Address) 936 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Olivet — DATE OF BURIAL, March 6, 1925

20-UNDERTAKER, George J Smith — ADDRESS 153 E Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95911

D 95911

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Westwood Avenue ST., 15-11 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Lavinia Hartzell

(a) RESIDENCE No. 1712 Westwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or ~~Divorced, (write the word)~~: widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: James Hartzell

6 DATE OF BIRTH (month, day, and year): July 9, 1853

7 AGE: Years 71 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York Pa

PARENTS

10 NAME OF FATHER: Jesse Meredith

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Pa

12 MAIDEN NAME OF MOTHER: Katherine Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): York Pa

14 Informant: Leonard Hartzell

(Address): 1717 Westwood Ave

15 Filed: Albert P. Harrison, Registrar

5 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch. 4th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby. 19 23, to Mch. 4 1925 19

that I last saw her alive on Mch. 4th. 1925

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of the Liver

About (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

About (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. R. Driscoll, M. D.

, 19 (Address) 1917 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 7 1925

20 UNDERTAKER: Edw. Leo[illegible] Sons — ADDRESS: E. Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 M.

(Osborn)

D 95912 Light

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 35912

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Chilton ST., 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C Ostaun

(a) RESIDENCE No. 1627 Chilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine T Ostaun

6 DATE OF BIRTH (month, day, and year) July 4/1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 062

(b) General nature of industry, business, or establishment in which employed (or employer) Watchman

(c) Name of employer Holliday St Theatre

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs F Ostaun (Address) 1627 Chilton St

15 Filed MAR 6 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 15/25, 19, to Mch 3/25, 19, that I last saw him alive on Mch 3/25, 19, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

Duration (duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yr

Did an operation precede death? Yr Date of

Was there an autopsy? Yr

What test confirmed diagnosis?

(Signed) Henry B Hoch M. D.

Mch 6 1925 (Address) 120 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	March 6 1925
20 UNDERTAKER	ADDRESS
William Lee Sons & Nathan	

Spec—12-23-21—E.B.R.S.—400 Bks.

95913

HEALTH DEPARTMENT—CITY OF BALTIMORE

95913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE (No. Elizabeth Mercy Hospital St., Ward) 9-7 100-08

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Donald

(a) Residence No. 1313 West St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 2 1915

7-AGE, 9 yrs. 2 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm S Donald

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Nellie Kuell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Hospital Record

(Address)

15- Filed 1925 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/3/25

17- I HEREBY CERTIFY, That I attended deceased from 3/2/25, 19.. to 3/3/25, 19.. that I last saw h.. alive on 3/3/25, 19.. and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
P Burry

(Duration)* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Bolley M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Rald Cemetery	Mar 7 19 25
20-UNDERTAKER. Robt J Turner Inc	ADDRESS 1711 Pa Ave

Burial Permit Clerk.

Spec. 1-10-21 M&T 1500 Blks.

D 95914 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95914

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Hayward Av ST., 27-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ritchie Triller

(a) RESIDENCE NO. 809 Hayward Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced (or) WIFE of Geo H. Triller

6 DATE OF BIRTH (month, day, and year) Dec 3-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	44	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer 608

9 BIRTHPLACE (city or town) (State or country) Del.

PARENTS

10 NAME OF FATHER Frank Semmell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Lida Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

14 Informant Frank Semmell

(Address) 809 Hayward av

15 Filed ... 1925 ... 19 ... Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 4. 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 25 ,1925 to Mch 4 ,1925.

that I last saw h[illegible] alive on Mch. 4 ,1925.

and that death occurred, on the date stated above, at 5. P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry D. McCarty, M. D.

6-5-1925. (Address) 637 W. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa DATE OF BURIAL: Mch. 7/ 1925

20 UNDERTAKER: Chas. E. Franck ADDRESS: 502 Madison av

FROM IS very important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1890 D 95915

CERTIFICATE OF DEATH.

D 95915

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST. 12-4 WARD 11 REGISTERED NO.

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen Jenifer

(a) RESIDENCE NO. 2442 Buchanan St. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. Lifted ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Nellie

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	29	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Anne Johnson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 5-7-1925 16 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1925, to Mar. 4, 1925
that I last saw him alive on Mar 4, 1925
and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:
Pelvic abscess
2 weeks
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) [illegible], M. D.
, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 7 1925
20 UNDERTAKER	ADDRESS
Mrs R. C. Elliott	1725 Eastland Av.

TION is very important. See instructions on back of certificate.

D 95916

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95916

CERTIFICATE OF DEATH.

31

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 786 Sarah ann St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John White

(Residence in Baltimore: No. 786 Sarah ann St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: March 17 1890 (Month) (Day) (Year)

7-AGE: 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice driver
(b) General nature of industry, business, or establishment in which employed (or employer): 023

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Andrew White

11-BIRTHPLACE OF FATHER, (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Martha Selby

13-BIRTHPLACE OF MOTHER, (State or Country): Snowhill Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha White

(Address) 786. Sara Ann

15-

Filed 5-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... ~~Inquest, au~~ ~~topsy or~~ Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Dont Know (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H H Jarnel M. D. (Coroner)

3-5 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Int Auburn Cem

DATE OF BURIAL: Mar 6 1925

20-UNDERTAKER: Jos. Syfer.

ADDRESS: 16 W. North Ave

Spec.—1-10-21—M&T—1500 Blks.

(Graham)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95917

CERTIFICATE OF DEATH.

49

D 95917

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 912 E Biddle ST., 10-2 WARD)

2-FULL NAME Ellis Constantine Grohmann

(a) RESIDENCE No. 912 E Biddle St (Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M Grohmann

6 DATE OF BIRTH (month, day, and year) Oct. - 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Surfaceman

(b) General nature of industry, business, or establishment in which employed (or employer) Gas Dept

(c) Name of employer Standard Oil Co

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Ellis B Grohmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Matilda E Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant (Address) George Grahmann 912 E. Biddle St.

15 Filed 1925 Robert P. Harrison, 19 Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1925 to March 4 1925

that I last saw him alive on March 4 1925

and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows

Cancer of Bladder

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Chronic Poisoning

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Jan 5 25

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Wm F Fleming M. D.

March 5, 1925 (Address) 1107 Johnston Bld

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL March, 1925

20 UNDERTAKER W. C. Weadefeld — ADDRESS 914 Fremont Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 95918

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95918

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 700 W. Lombard ST., 4-1 WARD)

2-FULL NAME Mary Lubosaiicute

(a) RESIDENCE NO. 700 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 3 ds. How long in U. S., If of foreign birth? 14 yrs. 7 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1895 unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	/	/	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): D

(c) Name of employer: Henry Sonneborn

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Petrusne Bulocute (Address) 700 W. Lombard

15 Filed 5-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4/ 1925

17

I HEREBY CERTIFY, That I attended deceased from 10/11/, 1924, to 3/4/, 1925, that I last saw h alive on 3/4/, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nyocarditis & Mitral Regurg. — Chr. Dropsy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) H (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? n Date of

Was there an autopsy? n

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

3/7, 19 (Address) 9 W. Mt. Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 3/9 1925

20 UNDERTAKER: Geo. P. Zuchauskas ADDRESS: 637 S. Broadway

ATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95919

CERTIFICATE OF DEATH

74-91 95919

1-PLACE OF DEATH Broening Ave

CITY OF BALTIMORE: (No. 3336 Broening Ave ST., 26-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Gackauskas Hanna Aleksenas

(a) RESIDENCE NO. Washington Park, Balt. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Aleksenas

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: Probably 65 & 70 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Jacob Urbatis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Mary (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Mrs. Rodzwicz (Address) 46 Rash Ave, Dundalk

15 - 1925 .19 Robert F. Mattis Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/3 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/3/ .1925. to 3/3/ .1925.

that I last saw her alive on 3/3/ .1925.

and that death occurred, on the date stated above, at 10-50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos 2 Days.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

3/4. 1925 (Address) Rockburg, Balt, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 3/7 1925

20 UNDERTAKER: Chas. L. Kuchauskas — ADDRESS: 3 [illegible]

INSTRUCTIONS ON BACK OF CERTIFICATE. IT IS very important. See

Burial Permit Given

D 95920

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 95920

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1522 E. Clement St. 24 9 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Veronica Jacobson

(Residence in Baltimore: No. 1522 E. Clement St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	Single

6-DATE OF BIRTH: February (Month) 3 (Day), 1922 (Year)

7-AGE: 3 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: William Jakubowski

11-BIRTHPLACE OF FATHER (State or country): Poland

12-MAIDEN NAME OF MOTHER: Michalina Olzacka

13-BIRTHPLACE OF MOTHER (State or country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs William Jakubowski

(Address) 1522 Clement St

15- Robert P. Harrison,

Filed 5 1925 191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5, 1925, to, March 4 1925, that I saw her alive on March 4 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) about yrs mos. 40 ds.

Contributory (SECONDARY) Bronchopneumonia

(Duration) yrs 1 mos ds.

(Signed), Hubert Kenepp M. D.

March 5 1925 [Address] 1216 E Baltimore St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary DATE OF BURIAL: March 6, 1925

20-UNDERTAKER: John M Weber ADDRESS: 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

D 95921 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95921

1895 4

CERTIFICATE OF DEATH. X 84

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. 17-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin L. Walsh

(a) RESIDENCE NO. 40 N. Penie St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Saint Marys Ohio

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? ? ?

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	36	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ? Structural Steel

(b) General nature of industry, business, or establishment in which employed (or employer) Worker

(c) Name of employer 0/9

9 BIRTHPLACE (city or town) (State or country) Ill

PARENTS

10 NAME OF FATHER Andy Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ill

12 MAIDEN NAME OF MOTHER Ellen McFarland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Records (Address) Johns Hopkins Hospital

15 Filed . 19 Robert F. Harrison, Registrar

5-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1925, to Mar 4, 1925, that I last saw him alive on Mar 4, 1925 and that death occurred, on the date stated above, at 8 30/60 m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Benign Adenoma, Pituitary Gland

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Hydrocephalus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 3-4-25

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) Julian D. Hart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wapakoneta Ohio	Mar 5 1925
20 UNDERTAKER	ADDRESS
Harry H. Witzke	Kentucky

TION is very important. See instructions on back of certificates.

D 95922

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95922

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Lorring st cor of Hanover St.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Baney

(Residence in Baltimore: No. 6013 Fallo Road St.: 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Feb 7, 1869
(Month) (Day) (Year)

7-AGE, 56 yrs. — If LESS than 1 day, ...hrs. or....min.
....yrs....mos....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron moulder
(b) General nature of industry, business, or establishment in which employed (or employer): 04

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Timothy Stevens

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Annie Priddy

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary G. Myers

(Address)

15-

Filed ....., 191....

Robert F. Harrison, Registrar.
Burial Permit Clerk.

5-1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3 5, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

Pneumonia (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) W. J. Tilley M. D.
(Coroner.)

March 5 1925 (Address) 1039 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Mary's Govens.	Mar. 6, 1925
20-UNDERTAKER	ADDRESS
W. Fahey & Sons	1527 N. Howard

Spec.—1-10-21—M&T—1500 Bks.

95923

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 32 B 95923

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Madison & Linden Ave ST., 11-2 WARD)

2-FULL NAME Baby Jones Robt. Miller

(a) RESIDENCE NO..... Parkton, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29 1924

7 AGE: Years ..... Months 9 m. Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Parkton, Md

PARENTS

10 NAME OF FATHER Gilbert J. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co, Md

12 MAIDEN NAME OF MOTHER Opal Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co Md

14 Informant: Father
(Address)

Filed MAR 6 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Febr. 27, 1925 to Mar. 6, 1925, that I last saw him alive on Mar. 6, 1925 and that death occurred, on the date stated above, at 2-25 p.m.

The CAUSE OF DEATH* was as follows:

Increased Intracranial Pressure

(duration) ..... yrs. ..... mos 1 ds. 6 hrs

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Mar 5, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem Balto Co. DATE OF BURIAL: Mar 8 1925

20 UNDERTAKER: W Burke Sparks Md ADDRESS

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 D 95924

1-PLACE OF DEATH

City of BALTIMORE: (No. 2350 Eutaw Place St., 13-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Ornansky

(a) Residence No. 2350 Eutaw Place St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced) HUSBAND of (or) WIFE of Bessie Ornansky

6-DATE OF BIRTH (month, day and year) 1866

7-AGE.	If LESS than 1 day.
59 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Dress

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Lazy Ornansky

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Goldie Eisenberg

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14-

(Informant)... L. Silver

(Address)... 2350 Eutaw Place

15-

Filed..... 19.. ROBERT R. KRAUTER, Registrar.

MAR 6 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925, to March 5, 1925,

that I last saw him alive on March 5, 1925,

and that death occurred, on the date stated above, at 3.25 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

Malignant Thymoma of the right pleura

(Duration) One yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & laboratory

(Signed) N. Allen, M. D

, 19 (Address) 2350 Eutaw Pl.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Herrn Rm	3/6, 1925

20-UNDERTAKER. ADDRESS

Jack Levin 1439 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

D 95925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

135 D 95925

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Roger Brooke Taney ST. 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Isaac Harrison

(a) RESIDENCE NO. 3838 College ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Harrison

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods

(c) Name of employer Merchant

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Isaiah Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Montan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Sarah Harrison
(Address) 3805 College ave

15 Filed MAR 9 - 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925, to March 5, 1925; that I last saw him alive on March 5, 1925, and that death occurred, on the date stated above, at 330 a m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Hemorrhagic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 2/24/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Geo Hubert Wilkerson, M. D.

3/6, 1925 (Address) West Balto Gen' Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington D.C.

DATE OF BURIAL 3/6 1925

20 UNDERTAKER Jack Levin 709 E Balto St

ADDRESS

TION is very important. See instructions on back of certificate.

Spec- 12-23-21—E.B.R.S.—400 Bks.

D 95926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 95926

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 560-W-Hoffman St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie B. Wilson

(a) Residence No. 560 W Hoffman St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colord

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of James Wilson

6-DATE OF BIRTH (month, day and year)

7-AGE. 38 yrs. X mos. X ds. If LESS than 1 day, hrs. or X min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER Robert Curry

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Mary Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14-

(Informant) James Wilson

(Address) 1101 Penn Ave

15-

Filed ..., 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 3-25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 - 1925 to March 3 1925 that I last saw her alive on March 3, 1925 and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:

apoplexy

asthma & Chronic Nephritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) asthma & Chronic Nephritis (Duration) yrs. 7 mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. L. W. Kennard M. D.

3-4. 1925 (Address) 708 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. mt auburn cemetery

DATE OF BURIAL. march 6. 1925

20-UNDERTAKER. John H Todd

ADDRESS 42 White St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95927

CERTIFICATE OF DEATH.

× 37 - 002 ✓

D 95927

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mrs. Richard Fairbourne.

(a) Residence No. Leesburg, Virginia St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Single Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 29, 1844 -

7-AGE, 30 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Electrician

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Leesburg, Va.

PARENTS:

10-NAME OF FATHER, Dr. R. B. Fairbourne.

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Augusta Co, Va

12-MAIDEN NAME OF MOTHER, Elizabeth Rogers.

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Virginia.

14- (Informant) Union Memorial Hosp Record

(Address).....

15- MAR 3 - 1925 ROBERT R. KRAMER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1924 to March 5 1925, that I last saw him alive on March 5 1925, and that death occurred, on the date stated above, at 9:25 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, (generalized)

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymond F. Johnston M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL.
Leesburg Va. (London Co)	March 6th, 1925
20-UNDERTAKER.	**ADDRESS**
Henry W. Jenkins Sons Co	McCulloh & Eutaw Sts

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21 M&T 1500 Bks.

B 95923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 95923

1-PLACE OF DEATH University Hospital REGISTERED NO. 12-5

CITY OF BALTIMORE: (No. Lombard & Greene sts. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Rice

(a) RESIDENCE No. 2306 Elsinor Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lotta E. Keller

6 DATE OF BIRTH (month, day, and year) Nov 10 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	28	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Md.

PARENTS

10 NAME OF FATHER Rev. Martin F. B. Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Seidenstricker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard L. Keller

(Address) 2712 Auchentoroly Ter

15 Filed MAR 6 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1925 to March 5, 1925.

that I last saw him alive on March 5, 1925

and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Ruptured Duodenal ulcer.

Feb 28 - 1925 (Duration) to Mar 5 - 1925

CONTRIBUTORY (Secondary) Lobar Pneumonia

Mar 4 - 1925 (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 28, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W Wallace Walker, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths due to external causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet DATE OF BURIAL Mch 7 1925

20 UNDERTAKER John A Mitchell ADDRESS 1018 W Fayette St.

THON is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95929

1-PLACE OF DEATH

City of BALTIMORE: (No. 2644 Harlem ave St., 16 - 3 Ward) 29 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Michel Baldwin.

(a) Residence No. 2644 Harlem ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Mar. 10, 1864

7-AGE: 60 yrs. 11 mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

069

9-BIRTHPLACE (city or town) (State or Country): Harford County Maryland

PARENTS

10-NAME OF FATHER: James Baldwin

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Darlington Maryland

12-MAIDEN NAME OF MOTHER: Sarah Forsythe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Howard County Maryland

11- (Informant): Miss Neva S. Huggins

(Address): 2644 Harlem Avenue

MAR 6 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 5. 25.

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1925 to March 5 1925

that I last saw he alive on March 5 1925

and that death occurred, on the date stated above, at 4.50 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary): Grippe

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin W Shook M. D

3-7- 1925 (Address) 2064 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Mar. 6 1925
20-UNDERTAKER. Joseph B Cook	ADDRESS 1003 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

Swock

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95930

CERTIFICATE OF DEATH.

54-003

D 95930

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Ave, Wright ST., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Swock.

(a) RESIDENCE No. 833 N. Milton Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Harry Swock

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Julia Gerst

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14
Informant Julia Swock
(Address) 833 N. Milton ave

15
Filed ..... 19 .....
Registrar

ROBERT R. KRAUTER,
Burial Permit Clerk.

DEC - 9 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1924 to March 5, 1925, that I last saw h alive on March 6, 1925 and that death occurred, on the date stated above, at 9h 09 m.

The CAUSE OF DEATH* was as follows:

Pirsch spinal disease
(Direct Cause)

..... (duration) yrs. 3 mos. 9 ds.

CONTRIBUTORY (Secondary) Natural

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of March 3, 1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) M. Greenspan, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	3/7 1925
20 UNDERTAKER William Cook	ADDRESS 502 E Monument

TION is very important. See instructions on back of certificates.

Dr Hopson
Preston & Patterson Pk

Rev—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95931

CERTIFICATE OF DEATH.

D 95931

74001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2054 E. Hoffman St., 8-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William F. Davis

(a) Residence No. 2054 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE Margaret Davis

6-DATE OF BIRTH (month, day and year) July 17, 1864

7-AGE. 60 yrs. 7 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Can Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Northern Can Co

9-BIRTHPLACE (city or town) (State or Country). Balto, Md

PARENTS.

10-NAME OF FATHER. Wm R Davis

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Margaret Zink

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md

14- (Informant) Margaret Davis
(Address) 2054 E. Hoffman St

15-
Filed ..... 192.. ROBERT B. KRAUTER, Registrar.

MAR 5 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 4. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 19 25 to Mar 4 19 25
that I last saw h. alive on Mar 4 19 25
and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) D. E. Kramer M D

Mar 5. 1925 (Address) 130 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore DATE OF BURIAL, Mar 7 1925

20-UNDERTAKER. Wm Cook ADDRESS 532 E Fayette

A K S • A F E T

Cor. [illegible] 2-25—M&T—100 Bks.

D 95932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

24 D 95932

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5415 Beuregard Ave ST., 27-9 WARD

2-FULL NAME John W. Youngman

(a) RESIDENCE NO. 5415 Beuregard Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Meat Cutter
(b) General nature of industry, business, or establishment in which employed (or employer) 013
(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Youngman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Daniel Hayman
(Address) 5415 Beuregard Ave

15 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MAR 6 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy-Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) reported chronic nephritis

(duration) yrs. mos. ds.

(Signed) J. H. Cotter, M. D.
(Coroner.)

3-5-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Mar 7 1925

20 UNDERTAKER John E. Cook ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95933

HEALTH DEPARTMENT—CITY OF BALTIMORE

95933

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Georgetown Rd + Irvington Ave WARD) 25-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Jeanette Ruby

(a) RESIDENCE NO. Georgetown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 23 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm C Ruby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lena Carmelina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Wm C Ruby

(Address) Georgetown Rd

15 Filed ..... 19 ..... Duvernessa Lee

MAR 6 1925

ROBERT R. KRAMER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby 20, 1925, to Mch 5, 1925, that I last saw h[illegible] alive on Mch 4, 1925, and that death occurred, on the date stated above, at 9-400 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Gordon Kieffer M. D.

Mch 5 25, 19 (Address) 2320 Dash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Mch 7 1925

20 UNDERTAKER ADDRESS

Wm Cook 520 E Fayette St

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 22-1

REGISTERED NO. D 95934

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willard E. Buckingham

(a) RESIDENCE No. Mt. Airy - Carroll Co. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Buckingham

6 DATE OF BIRTH (month, day, and year) March 21, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	52	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Lloyd Buckingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hosp. Records.

(Address)

Filed MAR 6 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-1925

17 I HEREBY CERTIFY, That I attended deceased from 2-17-25, 19 ..... to 3-5-25, 19 .....

that I last saw him alive on 3-5-25, 19 .....

and that death occurred, on the date stated above, at 5.20 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis.

(duration) 3 yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis.

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted ? if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Wm. Osler Jr. M.D.

19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catonsville, Md. Mt. Olivet Cemetery, — DATE OF BURIAL Mar. 8, 1925

20 UNDERTAKER C. M. Walter. — ADDRESS Winfield Md.

Spec.—1-10-21—M&T—1500 Blks.

95935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-002

B 95935

REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette & Payson ST., 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George E. Scott

(a) RESIDENCE No. 1319 Washington Av. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Scott

6 DATE OF BIRTH (month, day, and year) Feb 22 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53 ~~1 day~~	—	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Champ (State or country) Somerset Co. Md

PARENTS

10 NAME OF FATHER George Scott

11 BIRTHPLACE OF FATHER (city or town) Champ (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Hindeon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Nora Bozman

(Address) Champ Md

MAR 6 - 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to March 4, 1925, that I last saw him alive on March 4, 1925, and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

General peritonitis

(duration) yrs. mos 36 ds.

CONTRIBUTORY (Secondary) Perforated duodenal ulcer

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan 26, 25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. Hurpowood M. D.

(Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bivalve Md — Via B.L. & A. RR. to Pemberton Md

DATE OF BURIAL Mar 7 1925

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

SECTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95936

CERTIFICATE OF DEATH.

11-1 129

D 95936

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 N. Calvert ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celestine H. Wilson

(a) RESIDENCE NO. 1313 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Wilson

6 DATE OF BIRTH (month, day, and year) May 7. 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER J. F. Heileman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Ann S. Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ann W. Thomas

(Address) 1224 N. Calvert St.

15 Filed ..... 19 ..... Registrar

MAR 6 1925 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 5 1925

17 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to Mch 5 - 1925.

that I last saw her alive on Mch 5 - 1925.

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of Surgical neck of femur

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Blue Ridge Summit, Penna

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray + Urinalysis

(Signed) A. O. Atkinson M. D.

19 (Address) 1010 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Richmond Va Mch 8 1925

20 UNDERTAKER — ADDRESS

John O. Mitchell 1201 W. Fayette St

ATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95937

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95937

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Russell, ST.: 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora McKeldin

(a) RESIDENCE. No. 1000 Russell ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James A McKeldin

6 DATE OF BIRTH (month, day, and year) July 2 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
62	8	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael Grief

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria K Wetzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Raymond McKeldin

(Address) 1000 Russell

15 Date Received MAR 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1925

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1925, to March 5, 1925, that I last saw h[illegible] alive on March 5, 1925, and that death occurred, on the date stated above, at 4:10 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W Hammerlach, M. D.

Mar 6, 1925 (Address) 835 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	March 6th 1925

20 UNDERTAKER S Schloman & Son ADDRESS 1017 Hanover

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95938

CERTIFICATE OF DEATH.

D 95938

162

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N Stieper ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Vanhoone

(a) RESIDENCE NO. 818 N Stieper ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				8 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Benjamin Vanhoone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Grace Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Benjamin Vanhoone

(Address) 818 N. Stieper

15 MAR 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1925

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to March 5, 1925, that I last saw h— alive on March 5, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Atalectasis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Hayward M. D.

(Address) 802 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 3/6 1925

20 UNDERTAKER Funkler & Furbelow

ADDRESS 1739 Eager

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95939

CERTIFICATE OF DEATH.

D 95939

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Calhoun ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Joseph Saunders

(a) RESIDENCE NO. 128 N. Calhoun ST., WARD (Cambridge Md.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Catherine Saunders

6 DATE OF BIRTH (month, day, and year): Aug. 16, 1841

7 AGE: Years 84, Months 6, Days 17. If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 5 yrs.

(c) Name of employer: Cambridge, Md.

9 BIRTHPLACE (city or town) (State or country): Dor. Co Md.

PARENTS

10 NAME OF FATHER: Solomon Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sara Ann White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Sarah C. Saunders

(Address): 128 N. Calhoun St

15 Filed ... 19 ... Registrar

MAR 6 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Febry 15, 1925, to March 5, 1925, that I last saw him alive on March 4, 1925, and that death occurred, on the date stated above, at 10.05 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Henry J Hahn M. D.

3/6, 1925 (Address) 720 N Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Mar. 7 1925

20 UNDERTAKER: Wm Fletcher Sons — ADDRESS: North Ave

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95940

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95940

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST. 26-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis E. Driscoll

(a) RESIDENCE. NO. 527 N. Clinton St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 21, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Frank A. Driscoll

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary A. Rise

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Frank A. Driscoll
(Address) 527 N. Clinton St

15 Filed . 19 Registrar

MAR 6 - 1925 ROBERT H. KRAMER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 5, 1925, to Mar 6, 1925, that I last saw h[illegible] alive on Mar 6, 1925, and that death occurred, on the date stated above, at 6 1/5 a.m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Nasal Pharyngeal & Laryngeal

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Dipth. Culture

(Signed) Myron G. Tull, M. D.

3/6, 1925 Address Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	3/7 1925

20 UNDERTAKER H. C. Weidefeld ADDRESS 9 W. Greenmount Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-4 31

D 95941

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 724 E 21st St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lee Bateman

(a) Residence No. 724 E 21st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 21 1886

7-AGE. 39 yrs. mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer). Edgewood.

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. Hudson Bateman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Mary Standiford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Stanford Co Md

14- (Informant). Mary Bateman

(Address) 724 E 21 St

15-

Filed ..... 19.. Registrar.

MAR 2 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 5 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1922 to March 4 1925 that I last saw him alive on March 3 1925 and that death occurred, on the date stated above, at 6:45 A.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum examination

(Signed) Geo W Gittle M. D.

(Address) 2438 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer DATE OF BURIAL. March 6, 1925

20-UNDERTAKER. E A Wiedefeld Jr ADDRESS 501 E 22 St

Cor.—1-12-23—M&T—100 Bks.

D 95942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-2 105 D 95942

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Central Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Taylor

(a) RESIDENCE NO. 420 N. ~~Taylor~~ Central ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 79			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Moving Man
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs. R.A.Elliott
(Address) 1725 Ashland Ave

MAR 6 - 1925

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Patten, M. D.
(Coroner.)

3-6-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 8 1925
20 UNDERTAKER Mrs R.G. Elliott	ADDRESS 1725 Ashland

Cor.—1-12-28—M&T—100 Blks.

D 95943

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95943

CERTIFICATE OF DEATH. X 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Casterlow

(a) RESIDENCE NO. 371 Hillen Road ST., WARD

(Usual place of abode) Towson Md

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Apr 13-20

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Casterlow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Casterlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Sarah Casterlow
(Address): 371 Hillen Rd

15 MAR 6 - 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 4-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over body - Accidental

Clothes caught from oil stove

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Kallin, M. D. (Coroner.)

3-6-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Cemetery — DATE OF BURIAL: March 192 5

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1725 Eastland

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95944

CERTIFICATE OF DEATH.

5/ D 95944

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Albert ST., 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Reed

(a) RESIDENCE No. 706 Albert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Reed.

6 DATE OF BIRTH (month, day, and year) January 7 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) King & Queen Co., Virginia

PARENTS

10 NAME OF FATHER Peter Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) King Queen Co, Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King Queen Co, Virginia.

14 Informant George Reed. (Address) 706 Albert St.

15 Filed MAR 3 - 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1925

17 I HEREBY CERTIFY, That I attended deceased from February 27, 1925, to March 5, 1925, that I last saw her alive on March 4, 1925, and that death occurred, on the date stated above, at 2:55 A. m.

The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chester Riland, M. D.

4-5-1925 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 8 1925
20 UNDERTAKER Mrs R.G. Elliott	ADDRESS 1735 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95945

HEALTH DEPARTMENT—CITY OF BALTIMORE

95945

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 76-7 WARD

REGISTERED NO. 101-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Tozzi

(a) RESIDENCE NO. 514 S 16th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Dominick Tozzi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Tozzi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Municipal Hospital Records
(Address)

15 Filed MAR 5 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit GRANTED

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1925, to March 4, 1925, that I last saw him alive on March 4, 1925 and that death occurred, on the date stated above, at 3:35 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 wks (History)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W E Miller, M. D.

3/4/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 7 1925

20 UNDERTAKER Frank V. Lipitone — ADDRESS 1800 E. 32nd

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 95946

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 St Paul ST., 12-3 WARD)

2-FULL NAME James L. McPhail

(a) RESIDENCE No. 2511 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherin McPhail

6 DATE OF BIRTH (month, day, and year): May 24-881

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Jewelry Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: James McPhail

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt

12 MAIDEN NAME OF MOTHER: Ida Linton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Catherin L McPhail 2511 St Paul St

15 Filed MAR 6 - 1925 19 ROBERT H. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 10th 1925 to Mch 5 1925, that I last saw h[illegible] alive on Mch 5 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) about 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W A Fair M. D.

3/6, 1925 (Address) 12 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: Mch 7 1925

20 UNDERTAKER: E LeRoy Stiffler — ADDRESS: 1252 North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95947

CERTIFICATE OF DEATH.

57 D 95947

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) Md Gen Hosp ST., 20-3 WARD)

2-FULL NAME Mrs Mary Hucke

(a) RESIDENCE NO. 2565 N. Fairmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, (Widowed,) or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher A. J. Hucke

6 DATE OF BIRTH (month, day, and year) 2/1 1849

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Blessing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Mrs. Lula Hucke

(Address) 2565 N. Fairmount Ave

Date MAR 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/25 19

17 I HEREBY CERTIFY, That I attended deceased from 2/14/25, 19 ..... to 3/4/25, 19 .....

that I last saw h.. alive on 3/4/25, 19 .....

and that death occurred, on the date stated above, at 6 05 a m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia, Chronic Myocarditis, Arteriosclerosis Chronic Nephritis

(duration) ..... yrs. ..... mos 9 da.

CONTRIBUTORY (Secondary) Anemia

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2/17/25

Was there an autopsy? Yes Chemical & Lab.

What test confirmed diagnosis?

(Signed) Jno. O'Donnell M. D.

, 19 (Address) 1118 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL March 6 1925

20 UNDERTAKER Harry H. Witzke — ADDRESS, 1531 Pinkard Rd

THION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

D 95948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 D 95948

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 - N Pine St ST. 17-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Curren Weaver

(a) RESIDENCE NO. 411 - N Pine St ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Blk	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Weaver

6 DATE OF BIRTH (month, day, and year) 25 Dec 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
69 —	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self-

9 BIRTHPLACE (city or town) (State or country) Winton NC

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Wm Weaver
(Address) 411 N Pine

15 Filed MAR 6 - 1925, 19.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4 1925

17 I HEREBY CERTIFY That I attended deceased from Mch 2, 1925, to Mch 4, 1925, that I last saw him alive on Mch 4, 1925, and that death occurred, on the date stated above, at 11.26 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(duration) — yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) Pyelo Nephritis
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Hofman, M. D.

, 19 (Address) 656 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Auburn Cem	3-7 1925
20 UNDERTAKER Helen A. Hollands	ADDRESS 1631 Univ Hilton

TION is very important. See instructions on back of certificates.

Spec.—1 10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 95949

1-PLACE OF DEATH D 95949

CITY OF BALTIMORE: (No. Municipal Hospital ST., 18-2 WARD)

REGISTERED NO. D 95949

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel J. Butler

(a) RESIDENCE NO. 1022 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Butler

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: 50 yr

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Wash Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Fanny Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Municipal Hosp. Records

(Address) UNIVERSITY OF MARYLAND

15 Filed MAR 5 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

0238

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/3/1925

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1925 to March 3, 1925, that I last saw him alive on March 3, 1925 and that death occurred, on the date stated above, at 12:45 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, hypertension

Chronic myocarditis,

Myocardial failure

(duration) ... yrs. 2 mos. (History)

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. L. Miller, M. D.

3/4/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: DATE OF BURIAL

20 UNDERTAKER: Dept. Register Health,

ADDRESS: MAR 5 1925

Per. Wm. R. WOODALL

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95950 CERTIFICATE OF DEATH. 49 D 95950

1-PLACE OF DEATH Bayview Hospital

CITY OF BALTIMORE: (No.) Municipal Hospitals of St. Boyd WARD. 26-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Schulz

(a) RESIDENCE NO. 4405 Eastern ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Schulz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bayview Hospital records (Address)

15 Filed ..... 19 ..... Registrar

ROBERT R. KRAUTER, Burial Permit Clerk

0239

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/30, 1924, to 3/3, 1925,

that I last saw him alive on 3/3, 1925,

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of right breast

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Arnold L Jensen M. D.

3/4 1925 (Address) Bayview Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND,

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health,

ADDRESS

For Wm. E. Woodall

MAR 6 1925

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95951

CERTIFICATE OF DEATH.

10 B 95951

1-PLACE OF DEATH

City of BALTIMORE: (No. 1119 S. Paca St., 21-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary E Weinlich

(a) Residence No. 1119 S. Paca St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 14 1921

7-AGE. 3 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis Weinlich

11-BIRTHPLACE OF FATHER (city or town) Balto
(State or Country), Md

12-MAIDEN NAME OF MOTHER, Mamie Krogman

13-BIRTHPLACE OF MOTHER (city or town) Balto
(State or Country), Md

14- (Informant) Louis Weinlich

(Address) 1119 S. Paca St

15- Filed MAR 6 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 5 1925

17- I HEREBY CERTIFY, That I attended deceased from March 5 1925, to March 5 1925

that I last saw h[illegible] alive on March 5 1925

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

no Strangulation but Heart failure

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Duration 5 days

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Fruminger M. D.

3/5/25 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cemetery	3-6 1925
20-UNDERTAKER.	ADDRESS
James Degnan & Son	1100 S. Paca St

Spec.—1-10-21—M&T—1500 Blks.

D 95952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001 D 95952

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 21-S WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sullivan

(a) RESIDENCE NO. 1222 Cleveland St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Thomas Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Dowling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Sarah A Conner

(Address) 1222 Cleveland St

15 Filed MAR 8 - 1925, 19 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1925, to March 5, 1925, that I last saw her alive on March 5, 1925, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm S. Love Jr. M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boston Mass. DATE OF BURIAL 3-7 1925

20 UNDERTAKER James Deyman & Son ADDRESS 1005 Pacific

Spec.—1-10-21—M&T—1500 Bks.

95953

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 95953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 521 N. Paca St., 22-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Casimer Katkevacz.

(a) RESIDENCE No. 521 N. Paca St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? 40 yrs. 3 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Katherine Kartevacz

6 DATE OF BIRTH (month, day, and year) 1/1/1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Daister

(c) Name of employer self.

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Chas. J. Kartevacz

(Address) 23 E. Burley

15 Filed MAR 6 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby. 15, 1925, to March 6, 1925, that I last saw him alive on March 5, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) M. Feinman M. D.

3/6, 19 (Address) 682 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	3/9 1925
20 UNDERTAKER Chas. D. Buchanan	ADDRESS 639 S. Paca St.

TION is very important. See instructions on back of ...k of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95954

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 W. Lanvale St. ST.) 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Sophia Melville

(a) RESIDENCE NO. 1412 W. Lanvale St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank W. Melville

6 DATE OF BIRTH (month, day, and year): Sept 12th 1847

7 AGE: Years (17) Seventy Seven; Months 6; Days 21; If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Barre Steel, Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Peter Newell

11 BIRTHPLACE OF FATHER (city or town) (State or country): State of Maryland.

12 MAIDEN NAME OF MOTHER: Sarah Worrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14

Informant: Mrs. Mary M. Knapp

(Address) 1412 W. Lanvale St

Filed MAR 6 1925, 19 ... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 1925

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to March 4, 1925, that I last saw h alive on March 4, 1925, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos 9 ds.

CONTRIBUTORY (Secondary) Uterine Adenoma

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward C Morgan, M. D.

, 19 . (Address) 822 Harlem ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 3/9 1925

20 UNDERTAKER: Frank H. Newell — ADDRESS: Pikesville Md.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Wrzeza)

D 95955

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95955

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Fleet St X W-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Wrzeza

(a) RESIDENCE No. 1728 Fleet ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F Wid

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frank Wrzeza

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Frank Wrzeza 1728 Fleet

15 Filed , 19 Registrar

Robert P. Harrison, Asst. Health Comm'r.

R 6 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to March 4, 1925

that I last saw h alive on March 4, 1925

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reynolds M.D.

(Address) 805 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 9 1925

20 UNDERTAKER Wendell Duffy Son — ADDRESS 3701 n

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95956

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95956

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audrey Elizabeth Titus

(a) Residence No. 1817 N. Pulaski St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 16 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 17, 1919

7-AGE. 5 yrs. 4 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS

10-NAME OF FATHER, Roger L. Titus

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Virginia A. Knapp

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Roger L. Titus

(Address) 1817 N. Pulaski

15-

Filed MAR 6 1925 192 Robert F. Harrison, Registrar.

Trial result then?

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 5 25

17- I HEREBY CERTIFY, That I attended deceased from Feb 28th, 1925, to March 5, 1925, that I last saw her alive on March 5, 1925, and that death occurred, on the date stated above, at 6:25 m. The CAUSE OF DEATH* was as follows:

Acute Meningitis (Streptococcus)

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 1-25-1925

Was there an autopsy? Diagnosis by Clinical Lumbar Puncture

What test confirmed diagnosis? Clinical

(Signed) Clewell Howell, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, March 7, 1925

20-UNDERTAKER, W. M. Rouleau — ADDRESS 2238 N Arch

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95957

CERTIFICATE OF DEATH.

10 D 95957

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St.; 1-1 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Lyons

(a) RESIDENCE: No. 2402 Oliver St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 12-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joan Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elsie Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Father, Joan Lyons 2402 Druid H. City.

15 Filed 6-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1925

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to March 6, 1925, that I last saw him alive on March 6, 1925, and that death occurred, on the date stated above, at 3.00 A m.

The CAUSE OF DEATH* was as follows:

Diphtheria, laryngeal

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no Culture (+)

What test confirmed diagnosis?

(Signed) Bella Lowan M.D. M. D.

3/6/25 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	Mar 7 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus	21 Eastern

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95958 ✓ 129 D 95958

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Meyers

(a) RESIDENCE NO. 628 Englside ave. ST., WARD Catonsville
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. J. J. Meyers

6 DATE OF BIRTH (month, day, and year) Nov 14 1867

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
57	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Maryland.

PARENTS

10 NAME OF FATHER James O Brooks.

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Bridgett Hollins

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Maryland.

14 Informant Rev. J. Meyers
(Address) 628 Englside ave

15 Filed ... 19 ... Robert P. Harrison, Registrar

6-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1925, to March 5, 1925, that I last saw her alive on March 25, 1925, and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 8 mos ... ds.

CONTRIBUTORY (Secondary) Suppression of urine

(duration) yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? laboratory findings

(Signed) M. Edwards, M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon	Mar 7 1925
20 UNDERTAKER Abram Hoe	ADDRESS 823 Lafayette Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95959

CERTIFICATE OF DEATH.

90

D 95959

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 S. Charles ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Ford.Sr.

(a) RESIDENCE NO. 1433 S. Charles ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male,	White,	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Ford.

6 DATE OF BIRTH (month, day, and year) Nov-11. 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84,	3,	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired huckster.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William E. Ford.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James Ford.

(Address) 500 Washington Ave.

15 Filed MAR 6 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Jany. 1923. to Mar 5. 1925.

that I last saw h im alive on 3. 5. 1925.

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valv Heart Dis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Chron Cystitis. Prostatitis. Infirmities of age

(duration) 22 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L J Surlington M. D.

3.6 1925 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery.	March, 9, 1925

20 UNDERTAKER A Howard Evans ADDRESS 38 E. Fort Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CASE IS very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 95960 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 95960

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Light St ST.: W WARD 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward T. Connolly

(a) RESIDENCE. NO. 1538 Light St ST., WARD. 23

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of WIFE of: Eliz A. Lacy

6 DATE OF BIRTH (month, day, and year): 3/4/1870

7 AGE: Years 55 Months 0 Days 0 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jas Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Mc Manus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs Mary Lacy 538 Light St

15 Filed ... 1925 ... Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 4. 1925

17 I HEREBY CERTIFY, That I attended deceased from 10. 1. 1924, to 3. 4. 1925, that I last saw him alive on 3. 4. 1925, and that death occurred, on the date stated above, at 8.40A m. The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Norris, M. D.

3.6, 1925 (Address) 107 E west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 4/7 1925

20 UNDERTAKER: J. J. Fahey & Sons — ADDRESS: 131 E Lig[illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95961

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-01 95961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 E Madison ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen C. Krause

(a) RESIDENCE No. 1730 E. Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Emanuel D Krause

6 DATE OF BIRTH (month, day, and year) Oct 23 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Own Household

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Kemler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Herold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Emanuel D Krause

(Address) 1730 E Madison st

15 Filed ....., 19.... Robert P. Harrison, Registrar

...it Clerk

MAR 6 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1925, to Mar. 4, 1925, that I last saw h.. alive on Mar 4, 1925 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho—Pneumonia

.....(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary)

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Edgar B Britton, M. D.

Mar 6-1925 (Address) 2316 N Carrollst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 7 1925

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95962

D 95962

CERTIFICATE OF DEATH.

100-001

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 E Lafayette St.; W 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella R. Wahoe

(Residence in Baltimore: No. 2327 E Lafayette ave St.; yrs. 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. October 19, 1924 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
yrs. 4 mos. 15 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Augustine Wahoe

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Lillian Porre

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Lillian D. Wahoe

(Address)..2327 E. Lafayette ave

15- Robert F. Harrison,

Filed....., 191.....

6-1925 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 6, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1925, to March 6 1925, that I saw her alive on March 5 1925, and that death occurred, on the date stated above, at 2. a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (Primary)

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John L. Fenby M. D.

3/6/25 (Address) 3522 Guilford ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	March 7, 1925
20-UNDERTAKER	ADDRESS
Henry Lutz	1203 N. Broadway

Important. See instructions on back of certificate.

Spec.—3-10-21—M&T—1500 Blks.

D 95963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95963

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1132 Scott St. (ST.,) 21-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora M Coyne

(a) RESIDENCE NO. 1132 Scott St (ST.,) (WARD)
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Walter Coyne

6 DATE OF BIRTH (month, day, and year): July 3rd 1877

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
47	8	2	

8 OCCUPATION OF DECEASED 051

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): Dressmaking

(c) Name of employer: Schultz Dressmaking

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thos Corcoran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Annie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Walter Coyne

(Address) 1132 Scott St

15 FILED MAR 6 - 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1925, to March 5, 1925, that I last saw h. alive on March 5, 12 U. and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Grip

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stafford Dunn M. D.

, 19 (Address) 1727 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Mar 9, 1925

20 UNDERTAKER: Mr & Mrs. John W. Deufel & Son

ADDRESS: 801 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

178855 D 95964

HEALTH DEPARTMENT—CITY OF BALTIMORE D 95964

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 7-1

CITY OF BALTIMORE: (No. 1 Davis ST., WARD)

2-FULL NAME Calvin Enos Mundell

(a) RESIDENCE No. Farmont W. Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Mundell

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER W. B. Mundell

11 BIRTHPLACE OF FATHER (city or town) W. Va. (State or country)

12 MAIDEN NAME OF MOTHER Johanna Winsor

13 BIRTHPLACE OF MOTHER (city or town) W. Va. (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 6-1925, 19 Robert F. Hartsock Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 24 - 1925, to March 6 - 1925.

that I last saw ~~him~~ alive on March 6 - 1925

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Mar 6, 1925

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Eugene C. Shaw M. D.

3/6, 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmont, W. Va. DATE OF BURIAL Mar 7 1925

20 UNDERTAKER Joseph B. Cook ADDRESS 1053 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95965

D 95965

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hospital 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Bunce

(a) RESIDENCE. NO. 1303 N. Dallas ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 16 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie J. Bunce

6 DATE OF BIRTH (month, day, and year) March 18-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER ——— Bunce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Estella Richardson
(Address) 1303 N. Dallas st

15 Filed 6-1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-4, 1925, to 3-6, 1925, that I last saw h[illegible] alive on 3-6, 1925, and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart (Mitral Stenosis)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stethoscope

(Signed) A. J. Conley, M. D.

, 19 (Address) Vol. of America Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: March 10 1925

20 UNDERTAKER: Gable Funeral Co

ADDRESS: W. Pratt

TION is very important. See instructions on back of certificates.

may be properly classified. Exact statement of occup

Spec.—1-10-21—M&T—1500 Bks.

D 95966

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95966

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Aisquith ST., 9-7 WARD)

2-FULL NAME Charlotte E. McGuire

(a) RESIDENCE NO. 1321 Aisquith ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (HUSBAND of) WIFE of Chas A McGuire

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1890

7 AGE: Years 34; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Dalto Md

PARENTS

10 NAME OF FATHER: John C Engelhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dalto Md

12 MAIDEN NAME OF MOTHER: Mattie Mittan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hagerstown Md

14 Informant: Chas A McGuire

(Address): 1321 Aisquith St

15 Filed: Mar 6 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1925, to March 4, 1925.

that I last saw her alive on March 4, 1925

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(pulmonary oedema)

(duration) ... yrs. ... mos 1½ ds.

CONTRIBUTORY (Secondary) Chr. Ends. Myocarditis

(duration) 8 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Wm. R. Draughty, M. D.

3/5, 1925 (Address) 16 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Inc

DATE OF BURIAL: Mar 7 1925

20 UNDERTAKER: Robt J Turner

ADDRESS: W. Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

U.S. AIR SERVICE

D 95967

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95967

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hotel Rennert ST.: 4-2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert L. Mitchell

(Residence in Baltimore: No. La Plata St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer): 042

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Jr Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nellie T Snipes

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Mitchell

(Address) 1912 Park. Ave

15- 7 FEB 1925, 191.....

Robert F. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead March 6, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

Sudden (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Phelps M. D. (Coroner.)

March 6, 1925. (Address) 1 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
La Plata Md.	Mar. 6. 1925
20-UNDERTAKER John D. Mitchell	ADDRESS ~~E Dr~~ 1201 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 95968

HEALTH DEPARTMENT—CITY OF BALTIMORE

57 D 95968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1732 Gorsuch Ave ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Grossman

(a) RESIDENCE NO. 1732 Gorsuch Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Annie E. Grossman

6 DATE OF BIRTH (month, day, and year) June 25 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
	70	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mattress Maker

(b) General nature of industry, business, or establishment in which employed (or employer) for

(c) Name of employer J. C. Knipp Son

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George Grossman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Ansheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Annie E. Grossman

(Address) 1732 Gorsuch Ave

Filed 1925, 19 Robert F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from September 1, 1924, to March 5, 1925.

that I last saw h alive on March 5 1925

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) Ok yrs. — mos — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. Ok mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical symptoms test

(Signed) Thomas Westcott, M. D.

(Address) 1729 E. Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	March 9 1925
20 UNDERTAKER	ADDRESS
Henry Hoech Son	1301 E Eager St

R 7

Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95969

CERTIFICATE OF DEATH.

129 D 95969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 Hollins ST. 20 - 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Matthews

(a) RESIDENCE NO. 2515 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred about 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? 59 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of the late George Matthews

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
About	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not. Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. James J. Hagan

(Address) 2015 Hollins St

15 Filed . 19 Robert P. Harrison, Registrar

R 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1924, to March 5th, 1925,

that I last saw her alive on March 5 1925,

and that death occurred, on the date stated above, at 5-45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Brights

(duration) yrs 5 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Leonard E Beach, M. D.

, 19 (Address) 2329 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	March 9 1925

20 UNDERTAKER Penny Hoeck Son ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

B 95970 HEALTH DEPARTMENT—CITY OF BALTIMORE B 95970

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Towson St. 24-3 WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Rooney

(a) RESIDENCE. NO. 1410 Towson ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 18, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Chas. J. Rooney
11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.
12 MAIDEN NAME OF MOTHER Gertrude Klemmick
13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Chas. J. Rooney
(Address) 1410 Towson St

15 Filed 7-1925 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 6. 1925.

17 I HEREBY CERTIFY, That I attended deceased from 2. 1. 1925. to 3. 6. 1925.
that I last saw her alive on 3. 5. 1925.
and that death occurred, on the date stated above, at 8.40 P.M.
The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Broncho Pneumonia
(duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no Physical signs
What test confirmed diagnosis?
3.6.25 (Signed) J. Edward Storms, M. D.
(Address) 107 E West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cemetery	March 9 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95971

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95971

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 E Eut + 17 St St., 1-2 Ward) 187 Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Ross

(Residence in Baltimore: No. 607 S. Curley St.; 16 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Married

6-DATE OF BIRTH. Feb (Month) 20 (Day) 1902 (Year)

7-AGE. 23 yrs. ..... mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) Sanitary Supply Co

9-BIRTHPLACE, (State or Country) Virginia

PARENTS:

10-NAME OF FATHER, Wm H. Ross

11-BIRTHPLACE OF FATHER, (State or Country) Virginia

12-MAIDEN NAME OF MOTHER, Annie Pomery

13-BIRTHPLACE OF MOTHER, (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C. Ross

(Address) 233 S Ellwood Ave

15- Filed MAR 7 - 1925 192.....

Robert F. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 5 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Skull
Elevator accident
Was Repairing the Lock & was
Caught between floor & Elevator
(Duration) ..... yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James H Fenlon M. D.
(Coroner)

March 6 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cem.	March 7 1925
20-UNDERTAKER.	ADDRESS
H. Sander & Sons	1710 Fleet St

TAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95972

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95972

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. Mercy Hospital 11-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Dr. Edward W. Gilliam

(a) Residence No. 114 E. 25th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of Emily T. R. Gilliam

6-DATE OF BIRTH (month, day and year) Sept 5th 1834

7-AGE. 90 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), N. C.

PARENTS.

10-NAME OF FATHER. James T. Gilliam

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. C.

12-MAIDEN NAME OF MOTHER. Margaret A. Belden

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N. C.

11- (Informant) Mrs Lilly W. Gilliam

(Address) 114 East 25th Street

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/6/25

17- I HEREBY CERTIFY, That I attended deceased from 3/2/25, 19.. to 3/6/25, 19.. that I last saw h.. alive on 3/6/25 19.. a.m. and that death occurred, on the date stated above, at 11.45 m. The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. A. Gollen M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL. 3/9 1925

20-UNDERTAKER. William Cook — ADDRESS 502 E North Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Fill instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

1895 95973

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95973

CERTIFICATE OF DEATH.

X 44

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Lantz

(a) RESIDENCE No. Altoona Pa ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Forest M. Lantz.

6 DATE OF BIRTH (month, day, and year): Oct. 25 - 1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework -

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md -

PARENTS

10 NAME OF FATHER: Charles Luckhart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany Germany.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL.

15 ..... 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6 - 1925

17

I HEREBY CERTIFY, That I attended deceased from March 1 - , 1925. to March 6 - 1925.

that I last saw her alive on March 6 - , 1925

and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach -

unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Mar. 4, 1925

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Geo. L. Kolodny, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rose Hill Cem. Altoona Pa	Mch. 9 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSA-TION is very important. See instructions on back of certificates.

95974

HEALTH DEPARTMENT—CITY OF BALTIMORE

95974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 9-1 Ward)

Registered No. C 109

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Waldman

(Residence in Baltimore: No. 3909 Greenmount Ave. St.; 47 yrs., 7 mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	White	married

6-DATE OF BIRTH. July 3, 1877 (Month) (Day) (Year)

7-AGE. 47 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Rice Baking Co.

9-BIRTHPLACE. (State or Country.) Balto. Md.

PARENTS.

10-NAME OF FATHER. James M. Waldman

11-BIRTHPLACE OF FATHER. (State or Country.) Md.

12-MAIDEN NAME OF MOTHER. E. Young

13-BIRTHPLACE OF MOTHER. (State or Country.) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Kate Waldman
(Address) 3909 Greenmount Ave.

15- Robert P. [illegible]
Filed ..... 192.
Burial Permit Clerk. Registrar.

R 7 - 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 4, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute tonsillitis, laryngitis, tracheitis pharyngitis with oedema & congestion of lungs and general septicaemia. (Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) (Streptococcic) (Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. T. Hennessy, M. D. (Coroner)
March 7, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto. Cem.	March 9 1925
20-UNDERTAKER.	ADDRESS
William H. Valentine	2226 Aisquith

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95975

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95975

CERTIFICATE OF DEATH.

74-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1405 Brom st St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Leland Green

(a) Residence No..... 1405 Brom st St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	col	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6-DATE OF BIRTH (month, day and year) Oct. 26 1870

7-AGE, 54 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Teamster

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Own

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Howard Co Maryland

PARENTS.

10-NAME OF FATHER, Jack Hanson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Howard co

12-MAIDEN NAME OF MOTHER, Harriet Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Howard Co Maryland

14- (Informant) William A Brown

(Address) 1405 Brom alley

15- Filed. Robert P. Harrison, Registrar.

R 7-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 4-25

17- I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1925, to Mar 4, 1925, that I last saw h[illegible] alive on Mar 4, 1925, and that death occurred, on the date stated above, at 11.25 A m. The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

3/6/1925 (Signed) Dan'l E. Magruder M. D.
(Address) 1016 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	3-7 1925
20-UNDERTAKER, Joseph A Lively	ADDRESS 151 Winters ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 95976

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95976

CERTIFICATE OF DEATH.

51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5229 Clark Ave ST., 28-1 WARD)

2-FULL NAME May Florence Hann

(a) RESIDENCE NO. 5229 Clark Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3. 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	9	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Irvin J. Hann

11 BIRTHPLACE OF FATHER (city or town) Carrol Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertie Wolf

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mr. Irvin J. Hann (Address) 5229 Clark Ave.

15 Filed MAR 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6 1925

17 I HEREBY CERTIFY, That I attended deceased from February 23 1925 to Mar. 6 1925, that I last saw her alive on March 6 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 2 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J. Davis, M. D.

3-7, 1925 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Mar 9 1925
20 UNDERTAKER Wm. J. Fichter & Sons	ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 95977

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Mc Culloh ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances R. Pyles

(a) RESIDENCE No. 1513 Mc Culloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	1	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md.
(State or country)

PARENTS

10 NAME OF FATHER John W. Pyles

11 BIRTHPLACE OF FATHER (city or town) S.C.
(State or country)

12 MAIDEN NAME OF MOTHER Beatrice Hooper

13 BIRTHPLACE OF MOTHER (city or town) N.C.
(State or country)

14 Informant 1513 Mc Culloh st
(Address)

Filed MAR 7 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1925

17

I HEREBY CERTIFY, That I attended deceased from ~~March~~ 2, 17 1925 to 3-6- 1925

that I last saw her alive on March 6 1925

and that death occurred, on the date stated above, at 9-10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. N. Hatcher, M. D.

3/6. 1925 (Address) 1725 Penna Ave,]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar 7 1925

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1309 Penna Ave

Spec.—1-10-21—M&T—1500 Bks.

D 95978

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95978

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Holland

(a) RESIDENCE NO. 1207 Maryland Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	66 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Holland

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Jennings

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Municipal Hospital Records

(Address)

Filed MAR 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1924 to March 5, 1925.

that I last saw him alive on March 5, 1925

and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension, left hemiplgia (cerebral hemorrage)

(duration) yrs. 4½ mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) D L Miller M. D.

3/5, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar. 7" 1925

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1509 Druid Hill Ave

PHYSICIANS should be careful to see that AGE is stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 95979 HEALTH DEPARTMENT—CITY OF BALTIMORE D 95979

CERTIFICATE OF DEATH.

6-32

1-PLACE OF DEATH

City of BALTIMORE: (No. 491 N. Glover St. St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Henry Maeser

(a) Residence No. 491 N. Glover St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry H. Maeser

6-DATE OF BIRTH (month, day and year) Oct 20-1872

7-AGE, 53 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Shuttle worker

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 084

(c) Name of employer..... Gilbert company

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Maeser

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Henrietta E. Maeser

(Address) 491 N. Glover St.

Filed MAR 7 - 1925

H. A. M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mch 4-25

17- I HEREBY CERTIFY, That I attended deceased from Mch 4-25 to Mch 4-25

that I last saw living on Mch. 4-25

and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick A. Rogers M. D.

Mch 7 25 (Address) 719 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Parkwood Cem DATE OF BURIAL. Mar 8th 1925

20-UNDERTAKER Geo. C. Rutledge & Son ADDRESS 2334 Jefferson St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

95980

HEALTH DEPARTMENT—CITY OF BALTIMORE

95980

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 315 Dramond St., 4-1 Ward) Registered No. C. 1280

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbert Mason

(Residence in Baltimore: No. 315 Dramond St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced (Write the word): Married

6-DATE OF BIRTH: March (Month) 89 (Day) 0 (Year)

7-AGE: 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wheel Roller
(b) General nature of Industry, business, or establishment in which employed (or employer): B & O R.R.

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Frank Mason Sr

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Ella Message

13-BIRTHPLACE OF MOTHER, (State or Country): Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Mason Sr.

(Address) 1409 Myrtle Ave

15- Mch. 1925 Robert P. Harrigan, Registrar.

MAR 7 - 1925

Special Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 3 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis & Pneumonia Contd

(Duration) 4 days

CONTRIBUTORY (Secondary) Dont Know

(Duration) yrs. mos. ds.

(Signed) H R Grimes M. D. (Coroner.)

3-5 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Mar 7 1925

20-UNDERTAKER: Samuel Dursley ADDRESS: W Baltimore St.

...H in plain terms, so that ...y important. See instructions on back of ... OCCUPATION ... of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95981

CERTIFICATE OF DEATH.

1-101-001 D 95981

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Carey ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maxime Roy

(a) RESIDENCE NO. 1137 Carey St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 6 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Clarence E Roy

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Easton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Clarence Roy.
(Address) 1137 N. Carey St

15 FILED 7-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-1925

17

I HEREBY CERTIFY, That I attended deceased from 2-19-1925, to 3-6-1925, that I last saw h[illegible] alive on 3-5-1925, and that death occurred, on the date stated above, at 4:40 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (double)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank L. Saunders M. D.

3/6 1925 (Address) 123 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Lawn. DATE OF BURIAL 3/8 1925

20 UNDERTAKER Emmett D. Brusley ADDRESS 578 N Eddie

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

D 95982

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 95982

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N. Gay ST.; 8-3 WARD) REGISTERED No. C

2-FULL NAME Salvatore J. DiClementes

(Residence in Baltimore: No. 1510 N. Gay St.; yrs. 1 mos. 10 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Jan 24 (Month) (Day), 1924 (Year)

7-AGE, ... yrs. 1 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Joseph DiClementi

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine Panzino

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Joseph DiClementi

(Address) 1510 N Gay St

15- Filed ..... 191 .....

Robert P. Harrison, Registrar.

MAR 7 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 3 1925, to March 5, 1925, that I saw him alive on March 5 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. 5 ds.

(Signed) Joan de Marks M. D.

March 6, 1925 (Address) 935 E Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Mar 7 1925

20-UNDERTAKER J. Egan & Son ADDRESS 301 Hollins St

Per J. J. Egan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95983

CERTIFICATE OF DEATH.

129

D 95983

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Strickland ST., 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Berens

(a) RESIDENCE NO. 3023 Strickland ST., 20 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Berens

6 DATE OF BIRTH (month, day, and year) June 6 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Berens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Berens

(Address) 3023 Strickland St

15 Filed MAR 7 - 1925, 19 Robert F. Harrison, Registrar

(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1925, to March 6, 1925, that I last saw h alive on March 6, 1925, and that death occurred, on the date stated above, at noon m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Enteritis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. A. Knox M. D.

3/7, 1925 (Address) 4207 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Mar 10 1925
20 UNDERTAKER	ADDRESS
John J. Fields	1300 N. Lombard

MATTER should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

B 95984

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95984

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 3123 Abell Ave St., 12-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Agnes Murray

(a) Residence No. 3123 Abell Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

4-SEX Female | 4-COLOR OR RACE White | 5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Patrick J. Murray

6-DATE OF BIRTH (month, day and year) Dec. 15-1857

7-AGE 74 yrs. — mos. 18 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS

10-NAME OF FATHER Michael Curley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Nestor

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

11- (Informant) Mr. Murray

(Address) 3123 Abell Ave

15- Filed Robert F. Harrison, Registrar.

R 7-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 5-1925

17- I HEREBY CERTIFY, That I attended deceased from February 23 19 25 to March 5 19 25

that I last saw h[illegible] alive on March 5 19 25

and that death occurred, on the date stated above, at 10.40P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? →

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank M. Steele M. D.

March 6 19 25 (Address) 2435 Maryland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL.

St. Joseph's Cem Texas Md Mar 9 19 25

20-UNDERTAKER. | ADDRESS

Chas. P. Maus & Son 1 W. Mount Royal Ave

See instructions on back of certificates. Exact statement of OCCUPATION is very important. If not properly classified, so that it may be properly classified, in plain terms, so that it may be

Cor.—1-12-25—M&T—100 Bks.

D 95985

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95985

CERTIFICATE OF DEATH.

+ 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Jones

(a) RESIDENCE No. 708 J ST. Sparrows Pt. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 8-1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	9	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Howard Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Marie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: S.W. Chase & Son
(Address): 1400 Moser St

15 Filed MAR 7 1925 192 Robert T. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192: Mar 4-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Toxemia due to extensive burns over body

Clothing caught fire from stove

Accidental (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Bacon, M. D.
(Coroner.)

3-5-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., 1 ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairview Cem — DATE OF BURIAL: March 8 1925

20 UNDERTAKER: Sam'l W. Chase & Son — ADDRESS: 1400 Moser

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95986 38 D 95986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Robinson

(a) RESIDENCE NO. 2310 Etting St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Julius Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Municipal Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

Robert P. Harrison,

Burial Permit Clerk

MAR 7 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1924, to March 4, 1925, that I last saw him alive on March 4, 1925 and that death occurred, on the date stated above, at 8:55 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension, cerebral hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) D L Miller, M. D.

3/5 1925 (Address) Municipal Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mch 9 1925
20 UNDERTAKER: Sam'l W. Chase & Son	ADDRESS: 1400 Mosher

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 95987

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95987

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 16-7 118 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Butler

(a) RESIDENCE NO. 814 Parrish St

(Usual place of abode) St., Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Butler

6 DATE OF BIRTH (month, day, and year) 1874 or 5

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ~~Laborer~~ Porter
(b) General nature of industry, business, or establishment in which employed (or employer) ~~Common~~ Grocery 10
(c) Name of employer Grocery.

9 BIRTHPLACE (city or town) (State or country) Queen's Anne Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Eliz. Butler (S.W.Chase & Son)
(Address)

15 Filed ..., 192 Robert P. Harrison, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated Rt Inguinal Hernia
Ruptured intestine-septic Peritonitis
(Autopsy at Hopkins Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J S H Potter, M. D.
(Coroner.)

3-7-25, 192 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	3-10 1925
20 UNDERTAKER Sam'l W. Chase Son	ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95988

CERTIFICATE OF DEATH.

D 95988

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST. 15-12 WARD) 100-000

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Solmson,

(a) RESIDENCE NO. 1819 Presstman Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Solmson

6 DATE OF BIRTH (month, day, and year) July 1, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Stock Clerk

(c) Name of employer

09

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Herman Solmson,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Hannah June

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bay View Hospital, (Address) Baltimore, Md.

15 Filed MAR 7 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from February 20, 1925, to March 5th, 1925, that I last saw h im alive on March 5th, 1925, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Bacteriological and Clinical findings

(Signed) A. Goldsmith, M. D.

, 19 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew — DATE OF BURIAL 2/8/25 19

20 UNDERTAKER J. Ahrens & Co — ADDRESS 220 Bway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95989 — 31 D 95989

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 W. 37th, ST., 13-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie F. Warner

(a) RESIDENCE No. 1003 W. 37th, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Warner

6 DATE OF BIRTH (month, day, and year) Mar 9. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER John Garrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER [illegible] Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Geo. Warner

(Address) 1003 W. 37th St Balto. Md.

15 Filed MAR 6 - 1925, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 7. 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 5th, 1925, to Mar. 7, 1925, that I last saw h[illegible] alive on Mar. 7, 1925, and that death occurred, on the date stated above, at 1.07 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulm. Tuberculosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Becker, M. D.

3. 7. 1925 (Address) 1st Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: March 9, 1925

20 UNDERTAKER: Chenowith & Son Chestnut Ave

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95990

CERTIFICATE OF DEATH.

161-001

D 95990

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3328 Old Frederick St. 20 WARD)

2-FULL NAME Baby Reben

(a) RESIDENCE NO. 3328 Old Frederick St. 20 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 3-6-25

7 AGE Years Months Days If LESS than 1 day 12 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Lewis Reben

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Morgant Bobby

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Lewis Reben

(Address) 3328 Old Frederick Ave

15 Date MAR 8 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/6/25, 19..., to 3/6/25, 19...

that I last saw h alive on ..., 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. A Kuell, M. D.

3/7, 19 (Address) 4207 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gray Run Baltimore Co

DATE OF BURIAL 3/8 1925

20 UNDERTAKER Chenoweth & Son

ADDRESS 2617 Chestnut Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ROBERT R. KRAUTH
Chief Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95991

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST., 17-438 WARD)

REGISTERED NO. D 95991

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John V. Blum

(a) RESIDENCE NO. 419 Pinkney Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Blum

6 DATE OF BIRTH (month, day, and year) Feb 26, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 076

(b) General nature of industry, business, or establishment in which employed (or employer) Factory work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant. Bay View Hospital, (Address) Baltimore, Md.

MAR 8 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1925

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to March 7, 1925, that I last saw him alive on March 6, 1925 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Paralysis, luetic infection (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings.

(Signed) H. Goldsmith M. D.

, 19 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Mar 10, 1925
20 UNDERTAKER	ADDRESS
E. W. Conklein	924 E Eager St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 95992

1-PLACE OF DEATH 2

City of BALTIMORE: (No. 22 S. Broadway St. 13-5 Ward)

2-FULL NAME Tobie Adler

(a) Residence No. 2203 Brookfield ave Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

74-001

D 95992

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1863

7-AGE. 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 437

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Wolfe Levin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-(Informant) Mrs Adler

(Address) 2203 Brookfield ave

MAR 8 - 1925

ROBERT R. KRAUTER
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 7-1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15th, 1924 to March 7, 1925 that I last saw her alive on March 7th 1925 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows

Cerebral Hemmorrage

(Duration) yrs. 6 mos. 21 ds.

CONTRIBUTORY (Secondary) Coma 40 hours

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical signs

(Signed) Samuel Silverstein, M. D.

, 19 (Address) 22 S. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. 3-9, 19 25

20-UNDERTAKER. Jack Louis

ADDRESS 1439 E Balt St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95993

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 16-6 WARD)

REGISTERED NO. 179 D 95993

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Garonzik

(a) RESIDENCE NO. 1521 Riggs Ave ST., ... WARD 5th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Garonzik

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery Store

(b) General nature of industry, business, or establishment in which employed (or employer) 034

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Benny Garonzik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Harry Reiff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant ..... (Address) JOHNS HOPKINS HOSPITAL.

15 Filed MAR 8 - 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/1, 1925, to Mch 7, 1925, that I last saw him alive on Mch 7, 1925, and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Hypertension

Myocardial Failure. Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Renal function test

(Signed) Manfred Gottsmann, M. D.

March 7th 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Run

DATE OF BURIAL 3/8 1925

20 UNDERTAKER Jack Levis

ADDRESS 1439 E Balt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 95994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128

D 95994

1-PLACE OF DEATH

City of BALTIMORE: (No. 1302 Gough St., 3-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Bella Sapp

(Residence in Baltimore: No. 1312 Gough St.; yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	white	single

6-DATE OF BIRTH. Jan (Month) 18 (Day) 1914 (Year)

7-AGE. 11 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. City.

PARENTS.

10-NAME OF FATHER. Maurice W Sapp

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Minnie Kierstein

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Sapp

(Address) 208 N Lakewood ave

15.

Filed ....., 192.... Registrar.

MAR 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 7 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza Complication

(Duration) ....yrs. ....mos. 7 ds.

(Signed) James M Fenton M. D. (Coroner.)

Mar 7 1925 (Address) 700 Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mach Pord — DATE OF BURIAL. 3/8 1925

20-UNDERTAKER. Jack Levin — ADDRESS 1409 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95995

CERTIFICATE OF DEATH.

31

D 95995

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2464 Mount ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Kirk

(a) RESIDENCE NO. 2464 Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant David Mansell

(Address) 2617 Edmondson Ave

15 Filed ..., 19.... ROBERT R. KRAUTER, Registrar

MAR 8 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 7- 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 4- , 1925, to Mar. 6- , 1925, that I last saw her alive on Mar. 6- , 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Chas. L. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	3-9-1925
20 UNDERTAKER Daniel Corbin	ADDRESS 916 Pe ave

N.B. WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 95996

D 95996

X 58-001

CERTIFICATE OF DEATH.

REGISTERED NO. 10-2

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame ST., WARD)

2-FULL NAME Mary Hubert Botham

(a) RESIDENCE No. Linguith St or Ashland Ave ST., WARD Providence R.D.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? 12 yrs. 7 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November - 7 - 1889

7 AGE: Years 35 Months 4 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer 068

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER Patrick Botham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Sister Mary Dionetta
(Address) Notre Dame Linguith St City

15 Filed MAR 8 - 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March - 7 - 1925

17 I HEREBY CERTIFY, That I attended deceased from January - 30, 1925, to March - 7 - 1925, that I last saw her alive on Mar 6, 1925, and that death occurred, on the date stated above, at 4 - A - m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs 4 1/2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Providence R I

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual ones

(Signed) F. J. Kirby, M. D.

3/7, 1925 (Address) 110 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Notch Cliff Md — DATE OF BURIAL: March 9 1925

20 UNDERTAKER: Frank A. Fink — ADDRESS: 915 N Gay St

N.B. WHERE DEATH OCCURRED IN HOSPITAL OR INSTITUTION, NAME OF SAME should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95997

CERTIFICATE OF DEATH.

45

Registered No. B 95997

1-PLACE OF DEATH Church Home and Infirmary

City of BALTIMORE: (No. 1222 Madison Ave St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Francis M Pearce

(a) Residence No. 1222 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, ~~or Divorced~~, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 28 1849

7-AGE, 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) 064
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS

10-NAME OF FATHER, Thomas R Pearson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary L White

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mr E S Lockwood
(Address) Annapolis Md

15- Filed, MAR 8 1925 19 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 7 1925

17- I HEREBY CERTIFY, That I attended deceased from January 23 19 25 to March 7 19 25

that I last saw h. alive on March 7 19 25

and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L. W. Dennis M.D.

, 19 (Address) Church Home Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL, March 8 19 25

20-UNDERTAKER, Henry Wenkin Sons Co — ADDRESS Cathedral & Centre Sts

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec- 12-23-21—E.B.P.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95998

CERTIFICATE OF DEATH.

B 95998

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 7-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard J. Musselman

(a) Residence No. 100 Woodlawn Rd - Roland Park St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nellie S. Musselman

6-DATE OF BIRTH (month, day and year) Aug 1, 1875

7-AGE.	If LESS than 1 day.
49 yrs. 8 mos. 7 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 071

(b) General nature of Industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer

9-BIRTHPLACE (city or town) Fletchers, Md (State or Country),

PARENTS.

10-NAME OF FATHER, Jackson Musselman

11-BIRTHPLACE OF FATHER (city or town) Md (State or Country),

12-MAIDEN NAME OF MOTHER, Josephine Burkhart

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14- (Informant) Mrs. Nellie S. Musselman

(Address) 10 South St.

15- Filed 192 ROBERT R. KRAUTER, Registrar.

MAR 8 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from Febry 4, 1925 to Mar. 7 1925

that I last saw h.im alive on March 7 1925

and that death occurred, on the date stated above, at 7 55A m.

The CAUSE OF DEATH* was as follows:

Appendicitis - perforated

Peritonitis

(Duration) yrs. mos. 11 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 24, 1925

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Raymond F. Johnston M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	March 7 1925
20-UNDERTAKER,	ADDRESS
Henry W. Jenkins Son Co	Orchard & McCulloh

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

95999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002 D 95999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Ridgewood Road ST. Roland Park WARD) 27-6

2-FULL NAME Caroline Hooper Pattison Pagon

(a) RESIDENCE NO. 203 Ridgewood Rd ST. Roland Park WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Late William H. Pagon

6 DATE OF BIRTH (month, day, and year) November 14th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Pattison of William

11 BIRTHPLACE OF FATHER (city or town) Dorchester
(State or country) County Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Priscilla Mitchell

13 BIRTHPLACE OF MOTHER (city or town) Dorchester
(State or country) County Maryland

14 Informant Robison G. Pagon
(Address) 203 Ridgewood Rd Roland Park

15 MAR 8 - 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 4 1925 to March 6 1925, that I last saw h[illegible] alive on March 6 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema
Myocarditis & arteriosclerosis (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) H Warren Buckler M. D.

1925 (Address) 806 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Belmont Cemetery — DATE OF BURIAL: March 9th 1925

20 UNDERTAKER: Henry H Jenkins Sons Co — ADDRESS: Orchard & College

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96090

CERTIFICATE OF DEATH.

12 D 96000

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Stinson St. ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Kavanaugh

(a) RESIDENCE NO. 337 Stinson St. ST., 20 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Tillie Kavanaugh.

6 DATE OF BIRTH (month, day, and year): Feb. 22-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Thomas Kavanaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Tillie Kavanaugh 337 Stinson St.

MAR 8 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 19, 1925, to March 6, 1925, that I last saw alive on March 5, 1925, and that death occurred, on the date stated above, at 1.00 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) M. A. O'Neill M. D.

3/6, 1925 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Mch 9th 1925

20 UNDERTAKER: Ely & Zulu ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

96001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

96001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N Bethel ST., 6-1 WARD)

2-FULL NAME Roberta Alexander

(a) RESIDENCE No. 216 N Bethel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced (01) WIFE of Jerry Alexander

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
appox	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Roberta Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary Alexander (daughter) (Address) 216 N Bethel st

15 Filed MAR 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1925

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to March 6, 1925, that I last saw h-w alive on March 6, 1925, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R.H. Kemp, M. D.

Mar 8. 1925 (Address) Hardy & Interment

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Big Island Va	Mar 8 1925
20 UNDERTAKER	ADDRESS
Robert V Watkins	151 McCulloh st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

96002

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96002

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH west of Catonsville road east of Forbes ave

CITY OF BALTIMORE: (No. 506 Chestnut hill ave ST.: 9-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ina Maria Koch

(a) RESIDENCE. No. 506 Chestnut Hill ave ST., ... WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired at home

(b) General nature of industry, business, or establishment in which employed (or employer) Home wife

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Sikel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Koch
(Address) 506 Chestnut Hill ave

15 MAR 8 - 1925 ROBERT R. KRAUSER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) march 6 1925

17

I HEREBY CERTIFY, That I attended deceased from march 4, 1925, to march 6, 1925; that I last saw h[illegible] alive on march 6, 1925; and that death occurred, on the date stated above, at 11 40 a m.

The CAUSE OF DEATH* was as follows:

old age

Valvular disease of the Heart

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular disease of the Heart

Sudden (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? ad medicus

(Signed) Young Whitridge, M. D.

March 7 1925 (Address) 1401 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Mar 9 1925

20 UNDERTAKER ..... ADDRESS Jos. Manola 1004 Aisquith st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

KOCH

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 96003

90 B 96003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 E. 28th ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth C. Bruns

(a) RESIDENCE NO. 1907 E. 28th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Bruns

6 DATE OF BIRTH (month, day, and year): May 16, 1893.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. J. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D. C.

12 MAIDEN NAME OF MOTHER: Emma J. E. Bare

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Wm. H. Bruns

(Address): 1907 E. 28th St

15 Filed MAR 8 - 1925 19

ROBERT H. KRAUSE Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1925. to Mar. 6, 1925.

that I last saw her alive on Mar 6 1925.

and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart Disease

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J. Green M. D.

3-7, 1925 (Address) 170 Ausgusta St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: Mar. 9 19 25

20 UNDERTAKER: A. S. Marshall ADDRESS: 3539 Fait Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96004

CERTIFICATE OF DEATH.

58-001

D 96004

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 McCulloh St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Della Fountain

(Residence in Baltimore: No. 1840 McCulloh St.; 35 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 21 (Day), 1890 (Year)

7-AGE, 35 yrs. 2 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Chas. Loveday

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Carrie Dethiers

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Fountain

(Address) 1840 McCulloh St.

15-MAR 8 - 1925 Filed. ROBERT N. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1925 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 26 1925, to Mch 4 1925, that I saw h er alive on Mch 4 1925, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 6 mos. ds.

(Signed) S P Hughes M. D.

Mch. 5. 1925 (Address) 1413 D Hill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Mar 8., 1925

20-UNDERTAKER, Mrs R. G. Elliott ADDRESS 1925 Aisquith

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96005

CERTIFICATE OF DEATH.

4-1 3

D 96005

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Addison

(a) Residence No. 1448 N. Pennsylvania ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1897

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS:

10-NAME OF FATHER, Bob Addison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Violet Crisfield

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed MAR 8 - 1925 19 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from February 25 1925 to March 7 1925

that I last saw him alive on March 7 1925

and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubercular Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Whalen M. D.

3-7- , 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery DATE OF BURIAL, Mar 9 1925

20-UNDERTAKER Harry W. Witzke ADDRESS 1531 W. Lombard

WHITE COPY, WITH ORDER FOR BURIAL PERMIT, IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 D 96006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 Marshall ST.; 23-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Gregory

(a) RESIDENCE. No. 1418 Marshall ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah F. Gregory

6 DATE OF BIRTH (month, day, and year) Oct 14/1840

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John McGregory

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mrs Reid

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mrs E. Curley (Address) 1418 Marshall St

15 Filed ..... 19..... ROBERT R. KRAUTER, Registrar

MAR 8 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1925, to Mar 6, 1925, that I last saw h... alive on Mar 6, 1925, and that death occurred, on the date stated above, at 6-40 P m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell M. D.

Mar 9, 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	Mar. 9 1925
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Light St.

N. B.—MAKE ENTRIES WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96007

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2039 McCulloh ST., 14-1 WARD)

2-FULL NAME Mary Hughes

(a) RESIDENCE No. 1830 McCulloh ST., 14 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Hughes

6 DATE OF BIRTH (month, day, and year): Date Unknown

7 AGE: 73 (Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md U S

PARENTS

10 NAME OF FATHER: John Pollard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md U S

12 MAIDEN NAME OF MOTHER: Mary [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md U S

14 Informant: Charles Hughes

(Address): 1830 McCulloh

15 Filed . 19 ... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 5 — 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1925 to Mar 5 1925 that I last saw h[illegible] alive on Mar 4 1925 and that death occurred, on the date stated above, at 11:45A m.

The CAUSE OF DEATH was as follows:

Valvular heart disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Colemans M. D.

, 19 25 Address 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Mar 6 1925

20 UNDERTAKER: H. M. Johnson

ADDRESS 1304 Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

D 96008

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96008

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Oxford St. 17-2 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pinn

(a) RESIDENCE. No. 545 Oxford St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Pinn

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Robt. Downing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

11 Informant Andrew Pinn

(Address) 1811 Madison ave

MAR 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1925, to Mar. 7, 1925, that I last saw h Ev alive on Mar. 7, 1925, and that death occurred, on the date stated above, at 10:20 p.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 3 mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Pottymire M. D.

3/7, 1925 (Address) 1019 Druid Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Redsville North Thumberland Co. Va	3/8/25
20 UNDERTAKER	ADDRESS
Wm. Geo. H. Holland	1631 Druid Hill ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96009

D 96009

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Milliman St ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dudley Chester

(a) RESIDENCE NO. 1706 Milliman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 7-24

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Norman Chester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Jennie Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Jennie Chester
(Address) 1706 Milliman St.

15 MAR 8 - 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Gastro-intestinal Toxemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Porter (Coroner), M. D.

3-8-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL 3 8 1925

20 UNDERTAKER Jas. W. Skinner ADDRESS 620 E. Read St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96010 X 167-901 D 96010

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 72-2

CITY OF BALTIMORE: (No. 116 W. Lee Street. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Saunders.

(a) RESIDENCE No Graysonville, Queen Anne Co. Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. -- mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Joan Saunders.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	--	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer. 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant George Armsworthy. (Address) 116 W. Lee Street.

15 Filed MAR 8 - 1925 ROBERT R. KRAUTER. Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7th, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Poisoning.
Suicide.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D.

March 8, 1925. (Address) 1918 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence Forge Va — DATE OF BURIAL Mar 8 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 96011

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob S. Neuman

(a) Residence No. Park Heights & Belvale Aves Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug. 16 1925.

7-AGE. ..... yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jack Neuman

11-BIRTHPLACE OF FATHER (city or town) N. Y. (State or Country),

12-MAIDEN NAME OF MOTHER, Florence Daniels

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

11- (Informant) Hospital Records.

(Address)

15- MAR 8 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/7/25

17- I HEREBY CERTIFY, That I attended deceased from March 4 a 1925 to March 7 1925

that I last saw h.im alive on March 7 1925

and that death occurred, on the date stated above, at 9:55 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Clewell Howell M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Balto. Hebrew Cem	3/9/ 1925.
20-UNDERTAKER. David Sondheim	ADDRESS 118 W. Mt. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

96012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 B 96012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Forest Park Ave ST.) 5-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Harris

(a) RESIDENCE No. 3402 Forest Park ST., Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Abraham Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Mrs. Rebecca Harris

(Address) 3402 Forest Park Ave

15 Filed MAR 8 - 1925 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/10, 1925, to 3/7, 1925, that I last saw h alive on 3/7, 1925, and that death occurred, on the date stated above, at P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Adenoma.
mantoux - carcinoma.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma. 1 hour.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

3/7 (Signed) Cuthbert Schlungen M. D.

1925 (Address) 2806 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cheb Shalom Cem. DATE OF BURIAL 3/9/ 1925

20 UNDERTAKER David Sondheim ADDRESS 118 W. Mt. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96013

CERTIFICATE OF DEATH.

31 D 96013

1-PLACE OF DEATH
City of BALTIMORE: (No. ..... St., ... Ward) Municipal Tuberculosis Hospital 5-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hassell

(a) Residence No. 100 N. Front st. St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1885

7-AGE.	If LESS than 1 day.
40 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Produce dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 045
(c) Name of employer: .....

9-BIRTHPLACE (city or town) ..... (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Peter Hassell

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Margaret Neser

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14-
(Informant) Hospital Records
(Address) M.T.H.

15-
MAR 6 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mch. 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from January 3, 1925 to March 2, 1925 that I last saw h.. im alive on March 2 1925 and that death occurred, on the date stated above, at 8.05 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) J. F. White M. D.

3-3- 1925 Address Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount	3/8 1925
20-UNDERTAKER.	ADDRESS
J. F. Tabeyhaus	318 E Lyon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—160 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96014 — 37 — D 96014

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Beltz

(a) RESIDENCE NO. 2437 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	sihgle

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Walter Beltz Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Catherine Heise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Catherine Beltz
(Address) 2437 Eastern Ave

15 Filed MAR 8 - 1925, 192 ROBERT H. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. Scott Waller (Coroner.), M. D.

3-7-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	May 9 192
20 UNDERTAKER John Ulrich	ADDRESS 2008 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 96015

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 96015

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE, (NO. 12-5 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Baby Girl~~ Edna R. Goldstein

(a) RESIDENCE NO. 2911 Parkwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 1 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4 / 25

7 AGE: Years — Months: 1 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Samuel Goldstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ida Trunt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: S. Goldstein

(Address) 2911 Parkwood ave.

15 Filed ..... 1925 ROBERT R. KRAUTER, Registrar

MAR 8 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to March 8, 1925, that I last saw her alive on March 8, 1925 and that death occurred, on the date stated above, at 10:20 A m

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab.

(Signed) Samuel R. Siegel M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: March 8, 25

20 UNDERTAKER: L Levinson Bro. — ADDRESS 1127 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96016

99-002

D 96016

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Edward Avenue ST., 27-8 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Strett

(a) RESIDENCE NO. 402 Edward Avenue ST., ... WARD ...
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary G. Strett

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. Railway Post Office Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 609
(c) Name of employer U. S. Government.

9 BIRTHPLACE (city or town) ... Maryland
(State or country)

PARENTS

10 NAME OF FATHER Samuel Strett

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary E Miller

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs. Mary G. Strett,
(Address) 402 Edward St.

15 ... ROBERT B. KRAUTER, Registrar
MAR 9 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 19 25

17 I HEREBY CERTIFY, That I attended deceased (from) Mar-1, 19 25 to Mar 6 19 25

that I last saw h m alive on 3-6 19 25

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows: Cer Rhoumatism

(duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

3/7/25 Signed) J. J. Brown, M. D.
(Address) 2134 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Mar 9, 19 25

20 UNDERTAKER E. Leroy Steffey

ADDRESS 1256 Park Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96017

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96017

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Shaw

(a) Residence No. Timberville Va St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (write which) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Hoover Driver

6-DATE OF BIRTH (month, day and year) Dec 9th 1850

7-AGE Years 75 mos. 9 ds. 9

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cattle Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer 045

(c) Name of employer Himself

9-BIRTHPLACE (city or town) (State or Country), Timberville Va

PARENTS.

10-NAME OF FATHER John W. Driver

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Timberville Va

12-MAIDEN NAME OF MOTHER Catherine Myers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Timberville Va

14- (Informant) Jesse N. Driver

(Address) Timberville, Va

15- 1925 MAR 9 - 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 8th 1925

17- I HEREBY CERTIFY, That I attended deceased from 3-6-, 1925, to 3-8, 1925, that I last saw h[illegible] alive on 3/8/25, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Joseph Toohey, M. D

, 19, (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Timberville Va — DATE OF BURIAL, 3/9, 1925

20-UNDERTAKER, W. J. Johnston Sons — ADDRESS Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

18804 D 96018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96018

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Janisch

(a) RESIDENCE NO. Waterloo, Wis ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Wis

PARENTS

10 NAME OF FATHER Peter Janisch

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Austria

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records Bride Janisch
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed MAR 9 - 1925 19 ..... ROBERT P. KRANTZ Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1925, to Mar 8, 1925, that I last saw her alive on Mar 8, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign
Adenoma of Pituitary

(duration) 2 yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Feb 28, 25

Was there an autopsy? No

What test confirmed diagnosis? Operation & Autopsy

(Signed) Dandy M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waterloo Wis -	Mch 8 1925
20 UNDERTAKER	ADDRESS
John Mitchell & Co	1201 W. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—B.B.R.S.—400 Bks.

D 96019

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96019

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2307 W. Lanvale St. St., 16-21 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Alice Carey Scoville

(a) Residence No. 2307 W. Lanvale St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin R. Scoville

6-DATE OF BIRTH (month, day and year) Nov. 7, 1858

7-AGE,	If LESS than 1 day,
66 yrs. 4 mos. 0 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Huntsville, Ohio

PARENTS.

10-NAME OF FATHER, William E. Tarbutton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Do not know

12-MAIDEN NAME OF MOTHER, Rachel -------

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Do not know

14- (Informant) Edwin R. Scoville

(Address) 2307 W. Lanvale St.

15- Filed MAR 8 - 1925 19?

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from 3/4/25 19.. to March 7 19.25, that I last saw h.. alive on March 7 19.25, and that death occurred, on the date stated above, at 3.6P m.

The CAUSE OF DEATH* was as follows:

Septic Pneumonia

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchopulmonary

(Duration) yrs. mos. da.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Walter F. Torrans M. D.

3/8/25 (Address) 340 W. Barron

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Bellefontaine, Ohio	March 9, 1925

20-UNDERTAKER,	ADDRESS
Henry W. Maus & Son	1025 N. Calvert St.

Via B. & O. R. R. Edwin R. Scoville, escort

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96020

CERTIFICATE OF DEATH.

D 96020

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1243 N. Rodney ST., 8-4 WARD)

2-FULL NAME Mary C Cook

(a) RESIDENCE NO. 1243 N. Rodney ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1849.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carlisle Pa

PARENTS

10 NAME OF FATHER: Wm Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Mary E Coon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn

14 Informant: Augustus Meyers

(Address) 1243 N. Rodney

15 MAR 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6 1925

17 I HEREBY CERTIFY, That I attended deceased from 4 March, 1925, to 6 March, 1925,

that I last saw her alive on 6, March, 1925,

and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. C. Sadbrook, M. D.

Mar 9 1925 (Address) 1242 N. Rodney

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery Inc	Mar 9 1925
20 UNDERTAKER	ADDRESS
Clark & Turner	1700 N Broadway

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9602I

CERTIFICATE OF DEATH.

90 D 9602I

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 8-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Ballach

(a) RESIDENCE NO. 2905 Eutaw ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Josephine Ballach

6 DATE OF BIRTH (month, day, and year) Dec 25. 1871

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 062
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Edward Ballach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Moke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Josephine Ballach
(Address) 2905 Eutaw Ave

15 Filed MAR 9 - 1925, 192 ROBERT R. KRAUSER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Report of Post mortem examination { Cardiac Insufficiency, Bronchitis of Lungs, Pulmonary Edema

(duration) yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Kelly, (Coroner.) M. D.

March, 192 5 (Address) 1029 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) Gen Info

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Mar 9. 1925
20 UNDERTAKER Clark & Tracy Inc	ADDRESS W. Pratt

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96022

HEALTH DEPARTMENT—CITY OF BALTIMORE

51 D 96022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 915 Plum Ave St. 23 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louis Burton Taylor

(a) Residence No. 915 Plum ave St. 23 Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, Col.

5-Single, Married, ~~Widowed or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Taylor

6-DATE OF BIRTH (month, day and year) [redacted]

7-AGE, 24 yrs. — mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... General

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md
(State or Country),

PARENTS.

10-NAME OF FATHER, Thomas Taylor

11-BIRTHPLACE OF FATHER (city or town)..... Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Henrietta Jefferson

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14- (Informant) Isabella Jefferson

(Address) 1027 Pleasant ave

15- MAR 9 - 1925 ROBERT S. MAGRUDER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/7/25

17- I HEREBY CERTIFY, That I attended deceased from 2/28/25, to 3/6/25, that I last saw h... alive on 3/6/25, and that death occurred, on the date stated above, at 3:30 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Acute dilatation

Heart (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation [Cause undetermined]

Nephritis (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [redacted] M. D.

3/7/25 (Address) 908 Sharp st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn DATE OF BURIAL, Mch 11 1925

20-UNDERTAKER, John H. Toadvine ADDRESS 1027 Druid Hill ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96023

CERTIFICATE OF DEATH.

49 D 96023

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Lakewood Ave ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie M. Muchow

(a) RESIDENCE NO. 512 N. Lakewood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert R. W. Muchow

6 DATE OF BIRTH (month, day, and year): June 8. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Conrad Bucher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Baumann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Walter J. Muchow

(Address): 512 N. Lakewood ave

15 MAR 9 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1925, to Mar 7, 1925; that I last saw h[illegible] alive on Mar 7, 1925; and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Metastasis

Carcinoma of Rectum

Removal for (duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Thyroid

(duration) Hosp. 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. W. Meyer Jr. M. D.

3/7, 1925 (Address) 1500 E 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Monday 1925

UNDERTAKER: H. Sander Sons

ADDRESS: 170 W Mad

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE, CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96024

CERTIFICATE OF DEATH.

66 D 96024

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 N. Monroe ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Erdman Hergenrader

(a) RESIDENCE No. 2218 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of Margaret C. Hergenrader

6 DATE OF BIRTH (month, day, and year) Oct. 28th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice & Coal Dealer

(b) General nature of Industry, business, or establishment in which employed (or employer) " " " 045

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md.

PARENTS

10 NAME OF FATHER John R. Hergenrader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret C. Hergenrader (Address) (2218 N. Monroe St)

15 Filed MAR 9 - 1925, 19.. ROBERT R. KRAUSER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from July 28th, 1925, to March 7th, 1925, that I last saw him alive on March 7th, 1925 and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

Acute toxic Psychosis of Central Spinal System from Alcoholic Poisoning (Hooch)

(Duration) yrs. 7 mos 17 ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(duration) 1 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) E. C. Rabel M. D.

3/8, 1925 (Address) 2734 Pa. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Mar 10 1925

20 UNDERTAKER John J. Fields — ADDRESS 1200 W. Lombard st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 36025 — 5-1 90 — REGISTERED NO. C D 36025

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 124 Colvin ST.; 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Adams

(Residence in Baltimore: No. 124 Colvin St.; yrs. 7/12 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Sgl

6-DATE OF BIRTH, ... (Month) ..... (Day) 1854 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. ..... mos. ..... da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Oyster Shucker

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Adams

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Eliza T Barrett

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Barrett

(Address) 1108 Madison

15- MAR 9 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) [illegible] M. D. (Coroner.)

March 9, 1925 (Address) 1624 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery	March 9 1925
20-UNDERTAKER Chas. H. Johnson	ADDRESS 1116 N. Carolina

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96026

CERTIFICATE OF DEATH. 155 D 96026

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Fairview Ave. ST., 15-6 WARD)

2-FULL NAME William Oliver Peach

(a) RESIDENCE No. 3304 Fairview Ave ST., ... WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Hard Peach

6 DATE OF BIRTH (month, day, and year) May 7-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired 5/3

(b) General nature of Industry, business, or establishment in which employed (or employer) Br O. = shop asst

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John R. Peach

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Clarissa (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md —

14 Informant John F. Peach
(Address) 3302 Clifton ave

15 Filed MAR 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1924, to Mar. 8, 1925, that I last saw him alive on Mch. 7, 1925, and that death occurred, on the date stated above, at 9.05 a. m.

The CAUSE OF DEATH* was as follows:

Osteitis deformans
with secondary Emphysema

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insuf.

(duration) yrs. mos. 6 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed ~~diagnosis~~? Physical Exam

(Signed) Alan Chesney M. D.

, 19 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Mch 10 1925
20 UNDERTAKER	**ADDRESS**
John Oursler	1201 W. Fayette St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96027

100-001

D 96027

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. 1716-6 ST., WARD)

2-FULL NAME Catherine Janssen

(a) RESIDENCE NO. 8 The Eastern Ave. W. cor. Linwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., If of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced (or) WIFE of late John Janssen

6 DATE OF BIRTH (month, day, and year) Dec - 1845

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) do

12 MAIDEN NAME OF MOTHER do

13 BIRTHPLACE OF MOTHER (city or town) (State or country) do

14 Informant Bay View Hospital (Address)

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

MAR 3 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 | 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from 2 | 26, 1925, to 3 | 7, 1925

that I last saw h alive on 3 | 7, 1925

and that death occurred, on the date stated above, at 10-30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) , yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arteriosclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes Chemical examination

What test confirmed diagnosis?

(Signed) W. J. Gardner, M. D.

3/8, 1925 (Address) Bay View Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 3/11 1925

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

96028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74 001 B 96028

1-PLACE OF DEATH Bay View Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 3 ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Krozek (Kozak)

(a) RESIDENCE NO. 703 E. Fort ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 20 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Sept. 21, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	84	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Bay View Hospital (Address)

15 MAR 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/7, 1925, to 3/7 1925.

that I last saw her alive on 3/7, 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis in the cerebral arterio-sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence.

(Signed) H. H. Schmidt M.D.

3/8, 1925 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — DATE OF BURIAL 3/11 1925

20 UNDERTAKER Philip Hennig — ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96029

CERTIFICATE OF DEATH.

101 D 96029

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 E. North ave ST., 9-6 WARD)

2-FULL NAME Laura V. Gray

(a) RESIDENCE NO. 1121 E. North a ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of late J. Wm Gray

6 DATE OF BIRTH (month, day, and year) Aug 11/68

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..min.
	56	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Swearer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura V.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lillie Swearer

(Address) 1121 E North ave.

15 MAR 9 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-28 1925 to 3-7 1925.

that I last saw h alive on 3-7 1925.

and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

4 dy prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

3/8/25 (Signed) [illegible] M. D.

(Address) 2948 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL 3/10 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002
D 96030

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 E. Fort Ave. St., 24-1 Ward)

2-FULL NAME Robert Henry White

(a) RESIDENCE. No. 724 E. Fort Ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Charles L. White

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Tilson

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Mrs. Chas. L. White
(Address) 724 E. Fort Ave.

15 Filed MAR 9 - 1925 19 ROBERT R. ... Registrar
Burial Permit Issd.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 19 25

17 I HEREBY CERTIFY, That I attended deceased from March 1, 19 25, to March 7, 19 25, that I last saw h... alive on March 6, 19 25, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) yrs. mos. 1 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Signs

(Signed) Chas. L. White, M. D.

, 19 (Address) 724 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill, Cem.	March 9 1925
20 UNDERTAKER Chas. L. Storms	ADDRESS 1502 Fort Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

D 96031

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., V-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Korsch

(a) RESIDENCE NO. 709 S. Wolfe ST., 2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Korsch

6 DATE OF BIRTH (month, day, and year) Aug. 2nd 1866

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER George Koehler

11 BIRTHPLACE OF FATHER (city or town) Germany.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Brown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant William A. Korsch
(Address) 709 S. Wolfe St.

15 MAR 9 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1925, to March 8, 1925, that I last saw h[illegible] alive on March 8, 1925 and that death occurred, on the date stated above, at 12:25 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/27/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Jos. M. Friedling, M. D.

19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery Md	31st 1925
20 UNDERTAKER	ADDRESS
Lilly - Zuler	403 S. Wolfe

Spec.—1-10-21—M&T—1500 Bks.

B 96032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 96032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 N. Parrish ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Kent

(a) RESIDENCE No. 1003 N. Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Kent.

6 DATE OF BIRTH (month, day, and year) Feb-1-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Cement

(c) Name of employer William Graham

9 BIRTHPLACE (city or town) Calvert Co., (State or country) Md.

PARENTS

10 NAME OF FATHER John Kent

11 BIRTHPLACE OF FATHER (city or town) Calvert Co, (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Reed

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co, (State or country) Md

14 Informant Jennie Kent

(Address) 1063 N. Parrish St.

15 Filed ... 19 ... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 - 1925

17

I HEREBY CERTIFY, That I attended deceased from February 20, 1925, to March 6, 1925, that I last saw him alive on February 28, 1925, and that death occurred, on the date stated above, at 11:00 a. m.

The CAUSE OF DEATH* was as follows:

atrophic cirrhosis of liver

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

3-6-, 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Mar. 10 1925

20 UNDERTAKER Virginia A. Brookes ADDRESS 1463 N. Carey

D 96033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 D 96033

Registered No. C.....

1-PLACE OF DEATH ~~Fo~~

City of BALTIMORE: (No. 849 S Ford St., V-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Morakaza

(Residence in Baltimore: No. 849 S. Ford St. St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

6-DATE OF BIRTH. unknown, 1.....
(Month) (Day) (Year)

7-AGE. 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): day work

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER, Morakaza

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Jolic

(Address) 1809 Allegany St

MAR 9 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Granted

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead March 6 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(Duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary) Found dead

(Duration) yrs. mos. ds.

(Signed) James H. Pearson M. D.
(Coroner)

March 7 1925 (Address) 700 E Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Trinity Cemetery	March 9" 1925

20-UNDERTAKER. M. J. Sadowski. ADDRESS 705 S Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 96034

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 Elders alley St., 17 Ward)

Registered No. C 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geraldine Bennett

(Residence in Baltimore: No. 809 Elders alley St.; yrs. 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): single

6-DATE OF BIRTH: Jan. 10, 1923 (Month) (Day) (Year)

7-AGE: yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Gordon Bennett

11-BIRTHPLACE OF FATHER, (State or Country): Nebraska

12-MAIDEN NAME OF MOTHER: Anna Johnson

13-BIRTHPLACE OF MOTHER, (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Bennett

(Address) 809 Elders alley

MAR 9 - 1925

Filed ..... 192.....

ROBERT B. KRAUTER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) no other contributory

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner)

March 7 1925 (Address) 280 Edmondson

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	March 9th 1925

20-UNDERTAKER.	ADDRESS
Saml. T. Hennessy	1918 W. Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96035 ✓ 161-001 D 96035

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l. Hosp. 24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Larkins

(a) RESIDENCE NO. 1831 Belt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	WHITE	SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	9

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Infant. gd
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore MD —
(State or country)

PARENTS

10 NAME OF FATHER Chas E Larkins

11 BIRTHPLACE OF FATHER (city or town) Annapolis Md.
(State or country)

12 MAIDEN NAME OF MOTHER Frances Alder

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. Md
(State or country)

14 Informant Chas E. Larkin
(Address) 1831 Belt St.

15 Filed MAR 9 - 1925 Robert R. Krauter, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1925, to March 8, 1925.
that I last saw her alive on March 8, 1925
and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
6 months Gestation
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home —
Did an operation precede death? no Date of —
Was there an autopsy? no —
What test confirmed diagnosis? Signs - Symptoms —

(Signed) J. W. Pettigrew, M. D.
, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: March 9 1925

20 UNDERTAKER: C. Schlosman's Son — ADDRESS: Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96036

CERTIFICATE OF DEATH.

1929

D 96036

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Hillside Road ST., 28-12 WARD)

2-FULL NAME Hunt R. Mayo Thom

(a) RESIDENCE NO. 10 Hillside Road. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen R. H.

6 DATE OF BIRTH (month, day, and year): May 29-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	57	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): X

(c) Name of employer: X

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: J. Pembroke Thom.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Catherine G. Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hartford Ky.

14 Informant: J. Pembroke Thom

(Address): 825 Park Avenue Balto Md

15 Filed MAR 9 1925 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1924, to March 9 1925, that I last saw h/ alive on March 8 1925, and that death occurred, on the date stated above, at 12.20 P.M.

The CAUSE OF DEATH* was as follows:

(Chronic Nephritis)

(duration) 3 yrs — mos — ds.

CONTRIBUTORY (Secondary): X Myocarditis.

(duration) — yrs — mos. — ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Urine & Laboratory

(Signed) Pathologist S.P. Miller M. D.

, 19 (Address) 1115 St Paul St X

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: March 10 1925

20 UNDERTAKER: Henry W. Jenkins Sons Co — ADDRESS: Orchard & Gallows St

A K S

Cor.—1-12-23—M&T—100 Bks.

96037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96037

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 Carlisle Place ST., 8-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Angalo Coleman

(a) RESIDENCE NO. 1741 Carlisle Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 18-1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	10	1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER William Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Vasta Boass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant William Coleman
(Address) 1741 Carlisle Pl.

15 MAR 9 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency
(Congenital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Jos. H. Cotter, M. D.
(Coroner.)

3-9-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL Mar 9th 192 5

20 UNDERTAKER Wm. Robert Elliott ADDRESS 1735 Eutaw Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96038

CERTIFICATE OF DEATH.

3-71-001 ✓

D 96038

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hosp. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Jones

(a) RESIDENCE. NO. 226 S. Bethel St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ashley Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Bedford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John Bedford
(Address) 226 S Bethel St

15 Filed MAR 9 - 1925 19 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1925

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1925, to March 7, 1925, that I last saw him alive on March 7, 1925, and that death occurred, on the date stated above, at 8 45 p m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Spinal Puncture

(Signed) Myron S. Tull, M. D.

3/9. 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elmwood Cemetery	March 9th 1925
20 UNDERTAKER	ADDRESS
Wm. H. Elliott	1725 Maryland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96039

CERTIFICATE OF DEATH.

15-12 38

REGISTERED NO. D 96039

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Catherine Smith,

(a) RESIDENCE NO. 1804 Laurens St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Christine Handy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bay View Hospital, (Address) Baltimore, Md.

15 MAR 9 - 1925 ROBERT M. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1924, to March 6, 1925, that I last saw her alive on March 5, 1925, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Edmunds M. D.

(Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL 3/10 1925

20 UNDERTAKER Mrs Gas. H. Dennis per F. E. Nelson

ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Bks.

(Guralick)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96040

CERTIFICATE OF DEATH.

161-09 B 96040

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Helping Hand ST., V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gurelick

(a) RESIDENCE NO. 1787 E Balto ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Elly Gurelick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dophie Goldstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sinai Hosp. (Address)

15 Filed MAR 9 - 1925, 19 ROBERT R. KRAUTHEIM Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1925 to March 8 1925.

that I last saw h[illegible] alive on March 8 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature birth - Birthweight 5 lbs. 11 oz.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isidore D. Jung, M. D.

Mar. 9 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 3-9-1925

20 UNDERTAKER: Jack Reuss — ADDRESS: 1+39 E. Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Stec—12-23-21—E.B.R.S.—400 Bks.

D 96041

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1707 N. Payson St., 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Buckman

(a) Residence No. 1707 N. Payson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Buckman

6-DATE OF BIRTH (month, day and year) unknown

7-AGE.	If LESS than 1 day.
78 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS

10-NAME OF FATHER, Israel H Buckman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Ida —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jack Lewis

(Address) 1439 E Balto

15-

Filed 19 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-8-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 19 25 to March 7 19 25

that I last saw h... alive on March 2nd 19

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Cirrhosis of Liver

Nephritis

(Duration) 2 3 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nathan Wagner M. D

19 (Address) 426 Belvy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Arlington Russdale	3-9- 19 25
20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 E Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK. ALL ITEMS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96042

1-PLACE OF DEATH

City of BALTIMORE: (No. On way to Bayview Hosp. St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert Thompson

(a) Residence No. 1 W 27th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar. 29

7-AGE. 57 yrs. 11 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Dawson Chemical Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Mrs. Jackson

(Address) 1 W. 27th St.

15- 19

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MAR 9 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 8/25

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1925 to March 7, 1925

that I last saw him alive on March 7, 1925

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Chr. Intestinal Nephritis

Indefinite; (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Mania

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Oliver Mumma, M. D.

, 19 (Address) 1517 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill — DATE OF BURIAL. Mar. 10, 1925

20-UNDERTAKER. Margaret E. Flynn — ADDRESS 1422 Light St.

All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 96043

1-PLACE OF DEATH

City of BALTIMORE: (No. 750 Raborg St., 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Nathaniel Brown

(a) Residence No..... 750 Raborg St.,..... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Nov 18 24

7-AGE, ...yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country)..... Md

PARENTS.

10-NAME OF FATHER, Joseph Brown

11-BIRTHPLACE OF FATHER (city or town)..... Balto
(State or Country)..... Md

12-MAIDEN NAME OF MOTHER, Sarah Palmer

13-BIRTHPLACE OF MOTHER (city or town)..... Balto
(State or Country)..... Md

11-

(Informant)..... John Brown

(Address)..... 750 Raborg

15-

MAR 9 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 6/25

17- I HEREBY CERTIFY, That I attended deceased from Mch 6, 19 25, to Mch 6, 19 25,

that I last saw h... alive on Mch 2, 19 25,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

I Etany

(Duration)..... yrs..... mos. 14 ds.

CONTRIBUTORY (Secondary) Coal Gas Poisoning

(Duration)..... yrs. 4 mos..... ds.

18-Where was disease contracted if not at place of death?..... No

Did an operation precede death?..... No Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) J Norwood, M. D.

Mch 8, 19 25 (Address) 937 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cemetery — DATE OF BURIAL. 3/9/25

20-UNDERTAKER. Mrs Scott Hodges — ADDRESS 1 W. Conway

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 96044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96044

1-PLACE OF DEATH

City of BALTIMORE: (No. 500 N. Carey St. 19-1 Ward) Registered No. D 96044

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt. C. Saunders

(Residence in Baltimore: No. 500 N. Carey St. St.; Yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

6-DATE OF BIRTH. Jan. 25, 1845 (Month) (Day) (Year)

7-AGE. 80 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Steamship clerk

9-BIRTHPLACE. (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Saunders

(Address) 500 N. Carey St.

15- MAR 9 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 5, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and from the evidence find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos.

(Signed) J. J. T. Hennessy M. D. (Coroner)

March 5 1925 (Address) 782 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Loudon Park Cem. Mch 9 1925

20-UNDERTAKER. ADDRESS

Chas. E. Franck & Co. Madison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155

D 96045

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St.Joseph's Hospital ST., 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Kearney Bowerman

(a) RESIDENCE NO. 336 E.20th.St ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 25 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) February-11-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER William J.Bowerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Loreley Balto.Co.-Md.

12 MAIDEN NAME OF MOTHER Elizabeth G.Kearney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant William J.Bowerman(Father)

(Address) 336 E.20th.St

15 Filed MAR 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 5, 1925, to Mch 7, 1925.

that I last saw him alive on Mch 7, 1925.

and that death occurred, on the date stated above, at 8.50 a. m.

The CAUSE OF DEATH* was as follows:

Necrosis of head of femur - Incised and drained + probably did not survive shock (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) La Grippe ante natal on Mother's part probably. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ante natal probably

Did an operation precede death? yes Date of Mch 7, 25

Was there an autopsy? No.

What test confirmed diagnosis? yes.

(Signed) Hugh Forsythe, M. D.

3,8,25 19 (Address) 424 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemrtery — DATE OF BURIAL: March 9, 25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96046

CERTIFICATE OF DEATH.

D 96046

8-128-4

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1225 N. Dallas St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Bennett

(a) Residence No. 1225 N. Dallas St., 8 Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Bennett

6-DATE OF BIRTH (month, day and year) — — 1875

7-AGE.	If LESS than 1 day.
50 yrs. — mos. — ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

040

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Joseph Bennett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER, —— Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Maryland

14-

(Informant) Clara Bennett

(Address) 1225 N. Dallas st.

15-

MAR 9 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 7-1925

17- I HEREBY CERTIFY, That I attended deceased from March 2- 1925 to March 7- 1925

that I last saw h. i. alive on March 6- 1925

and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) — yrs. — mos. 13 ds.

CONTRIBUTORY (Secondary) Coma, uremic

(Duration) — yrs. — mos. 6 ds.

18-Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Edwin B. Fenby, M. D.

3/7, 1925 Address 1223 N. Caroline st.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
asbury cemetery	mar. 10 1925

20-UNDERTAKER. Edward Bryon

ADDRESS 1631 orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96047

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96047

CERTIFICATE OF DEATH.

5-1 11-002

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 265 Calvin St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Harrison

(a) Residence No. 265 Calvin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Harrison

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 36 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Alexander Harrison
(Address) 265 Calvin

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 7, 1925 to March 8, 1925 that I last saw h.. alive on March 7, 1925, and that death occurred, on the date stated above, at 8 a.m. m. The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Burns M. D.
3-8, 1925 (Address) 2017 E 32

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. asbury cemetery mar 11 DATE OF BURIAL, 1925

20-UNDERTAKER. Edward Brazos ADDRESS 1651 orleans st

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96043

CERTIFICATE OF DEATH.

128 D 96048

1-PLACE OF DEATH

City of BALTIMORE: (No. 1803 White St. St., 20-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Jenifer

(a) Residence No. 1803 White St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Negro	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Jenifer

6-DATE OF BIRTH (month, day and year) 35

7-AGE. 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Taylors Isl. (State or Country), Dorchester Co. Md.

PARENTS:

10-NAME OF FATHER, Stephen Jenifer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah Cornish

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

11- (Informant) Nora Jenifer (Wife)

(Address) 1803 White St.

15-

Filed ..., 19.. ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 7th. 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23 1925 to March 7th. 1925

that I last saw h... alive on March 7th. 1925

and that death occurred, on the date stated above, at 8;30 pm

The CAUSE OF DEATH* was as follows:

Acct. Parenchymatous Nephritis

Following exposure

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What tests confirmed diagnosis? Physical Exam Urinalysis

(Signed) Walter J. Jackson M. D.

19 (Address) 1618 W. Mulberry St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
taylors island Md	mar. 11 19.25
20-UNDERTAKER. Edward Bryon	ADDRESS 1651 orleans st

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-1021—MAT—1400 Blks.

D 96049

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96049

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Hanover ST. 22-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert F. Stafford Jr.

(a) RESIDENCE No. 626 Hanover ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 6/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Albert F. Stafford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana.

12 MAIDEN NAME OF MOTHER Eva Murrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Albert F. Stafford
(Address) 626 Hanover st

15 Filed MAR 9 - 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 6, 1925, to Mar 7, 1925.

that I last saw him alive on Mar 6, 1925.

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. S. Amick, M. D.

Mar 8, 1925 (Address) 109 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: March 9 1925

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE BECOMES PERMANENT RECORD. DATA entered on it should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96050

CERTIFICATE OF DEATH.

17-1 29

D 96050

1-PLACE OF DEATH

City of BALTIMORE: (No. 539 Lambert St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Bettie Barclay

(a) Residence No. 539 Lambert St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1847

7-AGE. 78 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Lexington Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14-

(Informant). Helen Gould

(Address). 539 Lambert St

15-

MAR 9 - 1925

ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 7 1925

17-I HEREBY CERTIFY, That I attended deceased from July 17 1924 to March 7 1925

that I last saw her alive on March 6 1925

and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Chas F Schulze M. D

March 9, 1925 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lexington Va DATE OF BURIAL. 3/10 1925

20-UNDERTAKER. Samuel D Brumley & Bro ADDRESS 1718 Pine

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

96051 D

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital ST., 11 — 2 WARD)

REGISTERED NO. 96051

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Saintclair Fears

(a) RESIDENCE No. 805 north side Sparrows Pt. ST., WARD Sparrows Pt.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Blast Furnace

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Prince Edward Co., Va.

PARENTS

10 NAME OF FATHER Royland Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Lipscomb Fields
(Address) Berkeley, Va.

15 Filed MAR 5 - 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 7 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 3 - 1 - 1925, to 3 - 7 - 1925, that I last saw h alive on 3 - 7 - 1925, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows: Pneumonia (Lobar)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sparrows Pt., Md.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George C. Page M. D.

, 19 (Address) 180/67 Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairbanks Va DATE OF BURIAL 3/9/25, 19

20 UNDERTAKER: Samuel B. Crusby ADDRESS 28 Bridge

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96052 ~~D 96052~~ D 96052

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Callaghan

(a) RESIDENCE NO. Woodstock College, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 13, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) W. Va
(State or country)

PARENTS

10 NAME OF FATHER Dennis Callaghan

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Anne Wynne

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Hospital Record
(Address)

Filed MAR 9 - 1925, 19— ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1925, to Mar 8, 1925, that I last saw h[illegible] alive on Mar 8, 1925, and that death occurred, on the date stated above, at 3.20 a m.

The CAUSE OF DEATH* was as follows:

Delirium Tremens

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Heart Block

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Data

(Signed) J. L. Sykes, M. D.

, 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Staunton, Va DATE OF BURIAL Mar 9 1925

20 UNDERTAKER M. C. Mear & Son ADDRESS 1051 Calvert St

N. B.—WRITE PLAINLY, with pen and ink. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96053

CERTIFICATE OF DEATH.

1825 D 96053

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1120 E Lexington) ST.: 5-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Brown

(a) RESIDENCE. NO. 1120 E Lexington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Brown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Repair

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sam Ricora 044

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Florence Brown
(Address) 1120 E Lexington

15 Filed MAR 9 - 1925, 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to March 7, 1925, that I last saw h alive on Mar 6, 1925, and that death occurred, on the date stated above, at 8 a, m.

The CAUSE OF DEATH* was as follows:

Hemmorhage of Brain
Supervened Upon
Arteriosclerosis and
Fall down Steps accidental

Duration yrs. mos. 2 ds. 1

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Opthalmoscope, Paralysis

(Signed) W. Clyde Burns. M. D.

3-7-25 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemty	3/10/25 1925
20 UNDERTAKER	ADDRESS 1218
Byron Wright	W Eldery St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96054

D 96054

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Jefferson

(a) RESIDENCE NO. 24 Carel St., Curtis Bay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Jefferson

6 DATE OF BIRTH (month, day, and year) Sept 11th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 yrs.	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Wm Jefferson

11 BIRTHPLACE OF FATHER (city or town) Maine (State or country)

12 MAIDEN NAME OF MOTHER Nellie Clark

13 BIRTHPLACE OF MOTHER (city or town) Maine (State or country)

14 Informant Municipal Hospital Records (Address) Robert P. Harrison.

15 MAR 9 - 1925 19 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1924, to March 8, 1925, that I last saw him alive on March 8, 1925 and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Encephalitis

(duration) 5 yrs. 9 mos (History) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller M. D.

3/8/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL 3/11 1925

20 UNDERTAKER William Cook

ADDRESS 502 E Nork

IMPORTANT.—WRITE PLAINLY, WITH UNFADING INK—This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96055

HEALTH DEPARTMENT—CITY OF BALTIMORE

96055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital 4-1 100-00

CITY OF BALTIMORE: (No. Bay View Asylum, WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Jones

(a) RESIDENCE No. 50 Rababy Street ST., WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W. Indian	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Indies

PARENTS

10 NAME OF FATHER Ernest Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Indies

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Indies

14 Informant Hospital Records (Address) Bay View Hospital

15 Robert P. Harrison, 19 Registrar

MAR 9 - 1925

Burial Permit Clerk.

0243

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 25, 1925, to March 6, 1925.

that I last saw him alive on March 6, 1925

and that death occurred, on the date stated above, at 4 30 9 m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Wm. P. Champe, Jr., M. D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Baltimore Health

PRINTED IN U.S.A.

...ATE—WRITE PLAINLY, WITH UNFADING INK
...mation should be carefully supplied. AGE
...CAUSE OF DEATH in plain terms, so that it
...TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

D 96056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 96056

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Municipal Hospital or St., Bay View)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Moore

(a) RESIDENCE NO. 410 Lemon St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Lee Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Bay View Hospital Records

15 Filed MAR 9 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 1925, to 3/4, 1925, that I last saw him alive on 3/4, 1925, and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous Peritonitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 2-10-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Arnold L. Jerome M. D.

3/5, 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 9 - 1925

20 UNDERTAKER Commissioner Health, Per. Wm. E. Woodall

ADDRESS

N. B.—WRITE PLAINLY, WITH INDELIBLE INK. PHYSICIAN'S name should be stated EXACTLY. AGE should be carefully supplied. CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96057

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96057

CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH

City of BALTIMORE: (No. 4910 Reisterstown Rd. St. 28-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph S. Powers

(a) Residence No. 4910 Reisterstown road St. ..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Mr

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Bridget F. Powers

6-DATE OF BIRTH (month, day and year) June 27, 1847

7-AGE. 77 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Watchman

(b) General nature of industry, business, or establishment in which employed (or employer). 062

(c) Name of employer. Md. Casualty

9-BIRTHPLACE (city or town) (State or Country). N. Y.

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (City or town) (State or Country). Not known

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (City or town) (State or Country). Not known

11- (Informant) Alice J. Powers

(Address) 4910 Reisterstown rd.

15- Filed MAR 9 - 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 7-25

17- I HEREBY CERTIFY, That I attended deceased from Mar 1925 to Mar 1925

that I last saw him alive on Mar. 8 1925

and that death occurred, on the date stated above, at 12.45A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Gen. Arteriosclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S. Ashhurst M. D

3-9-, 1925 (Address) 4012 Park Heights ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Cathedral — DATE OF BURIAL. 3/11 1925

20-UNDERTAKER. Funkler & Funkler — ADDRESS 1739 Eager st

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96058

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1219 N. Fulton Ave — Registered No. 74-091

City of BALTIMORE: (No. 1219 North Fulton Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Samuel J. Hayden

(a) Residence No. 1219 North Fulton Ave St., 8 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth N. Hayden

6-DATE OF BIRTH (month, day and year) Jan. 6 1850

7-AGE. 75 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Watch-maker & Jeweler
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9-BIRTHPLACE (city or town) (State or Country), Martinsburg W. Va.

PARENTS.

10-NAME OF FATHER, James E. Hayden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Sarah A. Lewey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

11- (Informant) Horace K. Hayden (Son)
(Address) 26 Mitchell Longmeadow Mass.

15- Filed MAR 9 - 1925 Robert P. Harrison, Registrar.
(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 8, 1925.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925. to Mar. 8, 1925.
that I last saw h[illegible] alive on Mar. 8, 1925.
and that death occurred, on the date stated above, at 12:10 P.m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hemorrhage Seen

(Signed) C. C. Macdonald M. D.

Mar 8, 1925 (Address) 1546 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Chambersburg Penn. — DATE OF BURIAL, Mar. 10, 1925

20-UNDERTAKER, George Schilling & Sons — ADDRESS 1126 E. Monument St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96059

D 96059

CERTIFICATE OF DEATH.

14-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 W. Fairmount Ave ST., 70-3 WARD)

2-FULL NAME Rebecca Jane Baldwin

(a) RESIDENCE NO. 2114 W. Fairmount Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. H. Baldwin

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 600

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Washington Shipley

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Osborn

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Mrs. Clara Christopher
(Address) 1938 W. Lexington Street

15 Filed MAR 9 1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1925, to March 7, 1925, that I last saw h alive on March 7, 1925, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Bunj. Kadow M. D.

(Address) 2306 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Mar 11, 19
UNDERTAKER Joseph L. Cook	ADDRESS 1031 W. Lex

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96060

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96060

CERTIFICATE OF DEATH.

100-061

1-PLACE OF DEATH Women's Hospital

City of BALTIMORE: (No. Lafayette & Johns St., 27-6 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie Buckingham

(a) Residence No. 28 Summmerset Rd. St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Buckingham

6-DATE OF BIRTH (month, day and year) Sept 1860

7-AGE, 64 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John Arthur

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Bridget ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Stewart Layton

(Address) 1813 -W- Baltimore St.

15- 192 Robert P. Harrison, Registrar.

MAR 9 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from 3-3, 1925, to 3-7, 1925, that I last saw h. alive on 3-7, 1925, and that death occurred, on the date stated above, at 2 20 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam + Laboratory tests

(Signed) J. Ogle Warfield Jr. M. D.

3-7, 1925 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Calvary Cem	Mar 10, 1925
20-UNDERTAKER.	ADDRESS.
Joseph B Cook	1003 N Eutaw St

Should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should be very particular to have every item filled. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96061

CERTIFICATE OF DEATH.

31 D 96061

1-PLACE OF DEATH Mt. Hope Retreat. REGISTERED NO. 19-1

CITY OF BALTIMORE: (No. ~~235 N. Fulton Av~~ ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Vincent Spellissy (James Vincent Spellissy)

(a) RESIDENCE No. 235 N. Fulton Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 7, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholstery

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Baltimore & Ohio R.R.

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

PARENTS

10 NAME OF FATHER Winton E Spellissy

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Mrs John Reines (Address) Mt. Hope, Maryland

15 Robert F. Harrison, 19 Registrar

R 9-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1925

17 I HEREBY CERTIFY, That I attended deceased from September, 1924, to March 7, 1925, that I last saw him alive on March 7, 1925, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows: Chronic Fibroid Tuberculosis

Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical.

3/8, 1925 (Signed) Milton P. Hill, M. D. (Address) Hyliar & Resolution Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Cathedral Cem	Mar 11 1925
20 UNDERTAKER Chas. B. Cook	ADDRESS 1113 Balto

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96062

CERTIFICATE OF DEATH.

129 D 96062

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Battery ave ST., 24-1 WARD)

2-FULL NAME Mollie Junker

(a) RESIDENCE NO. 1421 Battery ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) Aug 20 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	63	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John Cook

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Toelmer

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs. Rupert
(Address) 1421 Battery ave

15 [illegible] 19

Robert F. Harrison,
Registrar
Burial Permit Clerk.

MAR 3 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 8, 1925, to Mar 7, 1925, that I last saw her alive on Mar 7, 1925, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab + Clin

(Signed) Wm E Stigen M. D.

3/9, 1925 (Address) 1819 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL 3/10 1920

20 UNDERTAKER L. Frank McCully — ADDRESS 130 E Fort

WRITE PLAINLY. INK SHOULD BE USED. ALL INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96063

CERTIFICATE OF DEATH.

D 96063

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 28-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary B.V. Lightner

(a) RESIDENCE NO. Mt. Hope Retreat ST., 27 WARD Chambersburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? 34 yrs. 2 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Norman C. Lightner.

6 DATE OF BIRTH (month, day, and year) Dec-26-1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Chambersburg Pennsylvania.

PARENTS

10 NAME OF FATHER J.W. Ernest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Doncaster Co Penna.

12 MAIDEN NAME OF MOTHER Elmida B. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Franklin Co Penna.

14 Informant Mt Hope Friends

(Address)

15 Filed MAY 5 1925, 19 ... Robert P. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1925

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to March 4, 1925,

that I last saw her alive on March 4, 1925,

and that death occurred, on the date stated above, at 12.30 Noon m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical - Physical

(Signed) Milton P. Dell M. D.

. 19 (Address) Wylie Av - Westminster Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chambersburg Pa.

DATE OF BURIAL: May 9 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HODISTE

D 96064

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96064

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 6. Maude Hodiste

(a) RESIDENCE NO. 3362 Hickory ave. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Hodiste

6 DATE OF BIRTH (month, day, and year) Oct. 6-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William N. Ford.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret J. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wm. F. Hodiste (Address) 3362 Hickory ave.

15 Robert P. Harrison, Registrar

R 9 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 23, 1925, to March 7, 1925,

that I last saw her alive on March 7, 1925,

and that death occurred, on the date stated above, at 7:45 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. Alexander Norris, M. D.

(Address) Municipal Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	March 10, 1925
UNDERTAKER	ADDRESS
Horace H. Burgee	3631 Fallsrd.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96065

D 96065

CERTIFICATE OF DEATH.

X 111-001

1-PLACE OF DEATH Univ. Hospital

REGISTERED NO.....

CITY OF BALTIMORE: (No. Lombard & Green ST., H-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Homer C. Rhodes

(a) RESIDENCE NO. Richwood ST., WARD West Va.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Blanche Rhodes.

6 DATE OF BIRTH (month, day, and year) [illegible] 887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner.

(b) General nature of industry, business, or establishment in which employed (or employer) 986

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W Va.

PARENTS

10 NAME OF FATHER Isreal Rhodes

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Annie Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Mrs. Blanche Rhodes
(Address) Richwood W. Va.

15 Filed MAR 9 - 1925, 19...

Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9 192[illegible]

17

I HEREBY CERTIFY, That I attended deceased from 2/27/25, 19..., to 3/9/25, 19...,

that I last saw him alive on 3/9/25, 19...,

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Gastroenterostomy - gastric hemorrhage (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? yes Date of 3/7/25.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P.S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richwood W Va — DATE OF BURIAL Mar 12 19 25

20 UNDERTAKER Robt Brooks & Son — ADDRESS 17 S Calhoun

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

101

D 96066

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 410 N. Montford Ave ST., 6-3 WARD)

2-FULL NAME Margaret Eggert-

(a) RESIDENCE NO. 410 N. Montford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced (~~HUSBAND~~ or) WIFE of: Late Adolph Eggert

6 DATE OF BIRTH (month, day, and year): April 19-1862

7 AGE: Years 63 Months 11 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Magdelena Doumbig (Address) 410 N. Montford Ave

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk.

R 9 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 3rd, 1925, to March 7, 1925, that I last saw ~~him~~ alive on " 7, 1925, and that death occurred, on the date stated above, at 9-30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas. T. Neer, M. D.

3/9/25 (Address)

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Mar 10 1925

20 UNDERTAKER: Jas C. Wilkerson & Son — ADDRESS: 2330 Jeffrey St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 96067

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96067

CERTIFICATE OF DEATH.

13-5 91-001

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD)

2-FULL NAME John Grasser.

(a) RESIDENCE No. 2879 Woodbrook Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 4 mos. 14 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------.

6 DATE OF BIRTH (month, day, and year) October 21, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	4	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Carr Lowrey Glass Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Andrew Grasser.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Link.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Catherine Grasser.(niece).
(Address) 2879 Woodbrook Ave.

15 Filed MAR 9 - 1925, 192 Robert P. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7th, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of an Aortic Aneurism.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D.
(Corner)

March 8, 1925. (Address) 1011 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	March 11 1925
20 UNDERTAKER	ADDRESS
Harry W. Ehlen	1944 W. Northern

IMPORTANT—Undertaker is cautioned against signing CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96068

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96068

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 1-129

City of BALTIMORE: (No. 1920 Linden Ave St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hennie Frankfurter Harris

(a) Residence No. 1920 Linden Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louis M. Harris

6-DATE OF BIRTH (month, day and year) unknown

7-AGE, About 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Dansville (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Mannes Frankfurter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sarah Goldsmith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Pines (sister)

(Address) 1006 T St Wash D C

15- Filed Robert P. Harrison, Registrar.

R 3 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/8/25.

17- I HEREBY CERTIFY, That I attended deceased from March 7, 1925 to March 8, 1925

that I last saw her alive on March 8, 1925

and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary odema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Nephritis (Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) M. L. Lichtenberg, M. D.

3/8, 1925 (Address) 2 x x Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Friendship Cem. DATE OF BURIAL, 3/10/1925

20-UNDERTAKER, Ward Sondheim ADDRESS 1120 N. Gay St. Royal Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96069

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96069

CERTIFICATE OF DEATH.

13-6

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Esplanade Apts. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Julius Newman

(a) Residence No..... Esplanade Apts. St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5- ~~Single~~, Married, ~~Widowed~~, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Newman.

6-DATE OF BIRTH (month, day and year) Jany. 24, 1846.

7-AGE, 79 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)..... Business

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), ~~Germany~~.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Unknown

14- (Informant)..... Mr. Wilton Newman

(Address)..... Esplanade Apts.

15- Filed ..... 192 ..... Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/8/25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15th 1925 to March 8th 1925, that I last saw h~~im~~ alive on March 8th 1925, and that death occurred, on the date stated above, at 12 midnight m. The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Odema

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Michael A. Abrams, M. D.

March 9th 1925 (Address) 2360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Hebrew Cem. DATE OF BURIAL, 3/10/25, 19....

20-UNDERTAKER, David Sondheim ADDRESS 1520 No. Gay St. Royal Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96070

CERTIFICATE OF DEATH.

17

D 96070

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rogers Av. ST.; near Gwynn Timber Road (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Lussman

(Residence in Baltimore: No. Rogers Av St.; 5 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. 14, 1868
(Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Photo-engr
(b) General nature of industry, business, or establishment in which employed (or employer): Photo Engs

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Salomon Lussman

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lussman

(Address) Rogers Av

15-

Filed 9 1925 Robert P. Harrison, Registrar.

Burial Permit Clark.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1925, to March 9 1925, that I saw h[illegible] alive on March 7 1925, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows: Uraemia Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. 13 mos. ds.

(Signed) [illegible] M. D.

March 9, 1925 (Address) 865 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem

DATE OF BURIAL. 3/11/, 1925

20-UNDERTAKER Baird Sondheim

ADDRESS 1521 N. Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

D 96071

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96071

CERTIFICATE OF DEATH. X 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N. Charles ST., 11-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME RACHEL A. CHANDLEE

(a) RESIDENCE NO. Darlington, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 1- 1845

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
79	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hugh Jewett

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Daniel Daughton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann Ferry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant C. A. Chandlee

(Address) Darlington, Md.

15 Robert P. Harrison, Registrar

R 9- 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9th 19 25

17

I HEREBY CERTIFY, That I attended deceased from March 1st, 19 25, to March 9th, 19 25;

that I last saw h[illegible] alive on March 9th, 19 25;

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dilatation Heart

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. B. Gamble Jr., M. D.

, 19 (Address) 36 W Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington Cem. DATE OF BURIAL March 12 1925

20 UNDERTAKER H. S. Bailey ADDRESS Darlington Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should file CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

U.S. ARMY

Spec–12-23-21—E.B.R.S.—400 Bks.

D 96072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 13 D 96072

14-12

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1700 Park Ave, ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Arthur Embert

(a) Residence No. 1700 Park Ave. ..... St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. S. Wilson

6-DATE OF BIRTH (month, day and year) April 12, 1842

7-AGE. 82 yrs. 10 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Merchant &

(c) Name of employer..... Farmer

9-BIRTHPLACE (city or town) (State or Country), Queen Anne Co., Md.

PARENTS.

10-NAME OF FATHER, James Embert

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Queen Anne Co., Md

12-MAIDEN NAME OF MOTHER, Mary Bryan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Queen Anne Co., Md

14- T. Howard Embert (Informant)

1700 Park Ave. (Address)

15- MAR 10 1925 ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch 8-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 ..... 1925 ..... to Mch 8 ..... 1925 ..... that I last saw h[illegible]alive on Mch 8- ..... 1925 and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(Duration) at least mos. 16 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Unknown

(Signed) M Baumanstock M. D

Mch 9. 1925 (Address) 621 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Mar. 10/25 19
20-UNDERTAKER,	ADDRESS
Wm Woman & Son	1451 N. Calvert St

Should be carefully supplied. Use ordinary terms in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96073

CERTIFICATE OF DEATH.

24

D 96073

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma V. Collector

(a) RESIDENCE. No. 605 Sewell St- ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abe Collector

6 DATE OF BIRTH (month, day, and year) Feb. 6, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John E. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dubois Pa.

12 MAIDEN NAME OF MOTHER Louise Trundel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant John E. Mitchell
(Address) 3545 Beaumont Ave

15 Filed MAR 10 1925 .19

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8 1925

17

I HEREBY CERTIFY, That I attended deceased from March 2 1925 to Mar 8 1925

that I last saw her alive on March 8 1925

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal Puncture

(Signed) Myron G. Tull M. D.

3/8 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or Death from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	3/10 1925
20 UNDERTAKER John Ullrich	ADDRESS 2008 Aliceanna

NOTE.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 96074

CERTIFICATE OF DEATH.

D 96074

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Carroll ST. 21-20 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia M Oberlander

(a) RESIDENCE. NO. 1205 Carroll ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 3/1/1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Housework~~ Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Oberlander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Reis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Pauline E Krauter

(Address) 1205 Carroll St

15 Registrar

MAR 10 1925 ROBERT B. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9/1925

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1925, to March 8, 1925, that I last saw h[illegible] alive on March 8, 1925, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis & Myocarditis (acute superadded)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emil Krug Jr. M. D.

3/9, 1925 (Address) 2002 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Mar 11 1925

20 UNDERTAKER: John Ulrich — ADDRESS: 2108 E Mass

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21–E.B R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96075

CERTIFICATE OF DEATH.

90 D 96075

1-PLACE OF DEATH

City of BALTIMORE: (No. 843 W Franklin St., 17-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Etta Caldwell

(a) Residence No. 843 W Franklin St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, col

5-~~Single~~, Married, Widowed, or Divorced, (Write the word.) ~~Single~~ Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas Caldwell

6-DATE OF BIRTH (month, day and year) 1887

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

(c) Name of employer..... Dulin & Co.

9-BIRTHPLACE (city or town)..... (State or Country), Md

PARENTS.

10-NAME OF FATHER, Dan'l Simons

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Dan'l Simons

12-MAIDEN NAME OF MOTHER, Dan'l Simons

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Dan'l Simons

14- (Informant) Thomas Caldwell

(Address) 843 W. Franklin St

15- MAR 10 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-8-25

17- I HEREBY CERTIFY, That I attended deceased from 1-18 1925 to 3-8 1925

that I last saw h alive on 3-7 1925

and that death occurred, on the date stated above, at 4:05 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular

Heart disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. L. Jackson M. D.

3/9 1925 (Address) 708 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Glenwood Talbot Road

DATE OF BURIAL, 3-10-1925

20-UNDERTAKER, Daniel Easton

ADDRESS 916 Pa ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 96076

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

D 96076

1-PLACE OF DEATH

Registered No. C

City of BALTIMORE: (No. 1035 N. Gilmor St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella P. Parsons

(Residence in Baltimore: No. 1035 N. Gilmor St., St.; yrs. 9 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	single

6-DATE OF BIRTH: May 18, (Month) (Day) 1924 (Year)

7-AGE: yrs. 9 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Md.

PARENTS:

10-NAME OF FATHER: Harry T. Parsons

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Maggie Amber

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry T. Parsons

(Address) 1038 N. Gilmor St

15-

Filed MAR 10 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: March 8, (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): no other history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy (Coroner) M. D.

March 9, 1925 (Address) 230 Fremont Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	3-10- 1925

20-UNDERTAKER: Daniel Parsons ADDRESS 576 Pa ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96077

CERTIFICATE OF DEATH.

D 96077

3

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 Darley Ave. Apt. 1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Cooke

(a) Residence No. 1620 Darley St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3-26-1900

7-AGE, 24 yrs. 11 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer) B. & O. R. R.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm H. Cooke

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Elizabeth Beck

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Wm H. Cooke

(Address) 1620 Darley Ave

15- Filed MAR 10 1925, 19.., ROBERT P. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/8/25

17- I HEREBY CERTIFY, That I attended deceased from Oct., 19.24, to March 8, 1925, that I last saw him alive on March 7, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubercular Enteritis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John Hauff, M. D.

, 19 (Address) 1843 N. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, 3-11, 1925

20-UNDERTAKER, Wm Cooke — ADDRESS 502 E. Fayette St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96078

CERTIFICATE OF DEATH.

129 D 96073

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ensor & Ashland Ave ST. 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry I. Lovering

(a) RESIDENCE No. 938 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice E. Lovering

6 DATE OF BIRTH (month, day, and year) June 29-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer 030
(b) General nature of industry, business, or establishment in which employed (or employer) Jones Hollow Ware Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George A. Lovering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabeth Ives

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Alice E. Lovering
(Address) 938 Greenmount Ave

15 Filed MAR 10 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) chr. Nephritis (Prob. Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins (Coroner) M. D.

3-9-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 3/13 192 5

20 UNDERTAKER William Cook — ADDRESS 502 E. North

Spec.—1-10-21—M&T—1500 Blks.

D 96079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 D 96079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 Foster Ave ST. 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Saunders

(a) RESIDENCE NO. 3219 Foster Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of J. B. Saunders

6 DATE OF BIRTH (month, day, and year) June 17, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gustav Schuman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rutkowsa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rutkowsa

14 Informant Henry Siegrist

(Address) 3219 Foster Ave

15 Filed , 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1925

17

I HEREBY CERTIFY, That I attended deceased from 12/12, 1924, to 3/7/, 1925

that I last saw her alive on 3/7/, 1925

and that death occurred, on the date stated above, at 8 P. M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? X (over)

(Signed) F. A. Bowden, M. D.

3/9, 1925 (Address) 1517 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Mar. 11, 1925

20 UNDERTAKER H. Sander & Sons — ADDRESS 1710 Pearl St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96080

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 N. Stockton ST., 16-6 WARD)

REGISTERED NO. B 21450

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgie M. Landman

(a) RESIDENCE NO. 1145 N. Stockton ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	S

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19	6	7	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Juniata Co. Pa

PARENTS

10 NAME OF FATHER Howard Landman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lemmayne Co. Md

12 MAIDEN NAME OF MOTHER Georgie Terrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Juniata Co. Md

14 Informant Josephine Williams
(Address) 1145 Stockton St.

15 MAR 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1925, to Mar 7, 1925; that I last saw h— alive on Mar 6, 1925; and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Physical Exam

What test confirmed diagnosis?

(Signed) Paul Brown, M. D.

3/7, 1925 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Mar 10 1925
20 UNDERTAKER	ADDRESS
J. Mac K. Elliott	1225 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96081 — 90 — D 96081

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 S. Eden St., 3-2 WARD)

2-FULL NAME Celia Cress

(a) RESIDENCE No. 231 S. Eden St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. 2 ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Cress

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isaac Cress
(Address) 231 S. Eden St

15 Filed MAR 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained hy said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. ds.

(Signed) James M Kerlin, M. D. (Coroner.)

Mar 10, 1925 (Address) 701 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 3/10/1925

20 UNDERTAKER Jack Lewis — ADDRESS 1429 E Baltimore St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96082

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1848 Division Ave St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harold Ehudin

(a) Residence No. 1848 Division Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 18-1920

7-AGE.	If LESS than 1 day,
4 yrs. 2 mos. 19 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto city md

PARENTS.

10-NAME OF FATHER, Louis Ehudin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Rosa Glassman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

11- (Informant) Louis Ehudin

(Address) 1848 Division Ave

15- Filed MAR 10 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-9-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1925 to Mar 9 1925

that I last saw him alive on Mar 9 (4 P.M.) 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. 21 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar Friedenwald M. D

Mar 10, 1925 (Address) 1616 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	3-10, 19 25
20-UNDERTAKER.	ADDRESS
Jack Lewis	1429 E Balto St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Maurice Wilson

HEALTH DEPARTMENT—CITY OF BALTIMORE

96876 ✓ 90

CERTIFICATE OF DEATH.

D 96083

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. 15-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maurice Wilson

(a) RESIDENCE NO. 2911 Boarman ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Entire yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Wilson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jacob Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed MAR 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 25 1925 to Mar 9 1925

that I last saw h~~i~~alive on Mar 9 1925

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis

mitral ~~stenosis~~ & insufficiency

aortic stenosis & insufficiency

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) myocardial insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Trevor Owen, M. D.

Mar 9 1925 (Address) Johns Hopkins Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rehrem Rosedale	3/10 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	1437 E Balto

mation should be carefully supplied. AGE. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

96084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

D 96084

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 934 Bennett Pl. (St.) 18-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida. E. Kennemann

(a) RESIDENCE NO. 934 Bennett Place St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 51 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1873	16	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt,

PARENTS

10 NAME OF FATHER Geo H Hennann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt

12 MAIDEN NAME OF MOTHER Mary Lowenthal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt

14 Informant Milton Kennemann

(Address) 934 Bennett Pl

MAR 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1925

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to March 9, 1925,

that I last saw h alive on March 9, 1925,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Interstitial (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John F Evans, M. D.

, 19 (Address) 101 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	March 11, 1925
20 UNDERTAKER	ADDRESS
Robert S. Little	2700 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Bks.

96085

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Raynor & Oakland Ave 20 — 4 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Charles F. Plant.

(a) RESIDENCE No. 2142 Dulaney ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Chas. F. Plant

6 DATE OF BIRTH (month, day, and year) July 28-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	59	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Joseph F. K. Plant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Edith F. Plant

(Address) 2642 Dulaney St

15 Filed ....., 19 .....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to March 8, 1925, that I last saw him alive on March 8, 1925, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Acute Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Geo. Herbert Wilkerson, M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Mar 10th 1925

20 UNDERTAKER: F. B. Wysport

ADDRESS: 1850 W. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96086

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96086

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 513 N. Chester St., 7-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Kurzenberg

(a) Residence No. 513 N Chester St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-S[illegible] Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced (If [illegible]) WIFE of Anton Kurzenberg

6-DATE OF BIRTH (month, day and year) June 7-1862

7-AGE. 62 9 6 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) (37)

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER Romanus Endres

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER Margaretha Fladung

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant) Anton Kurzenberg

(Address) 513 N. Chester

15-

MAR 10 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 7 1925

17- I HEREBY CERTIFY, That I attended deceased from March 25 19 25 to March 7 19 25

that I last saw h[illegible] alive on March 4 19 25

and that death occurred, on the date stated above, at 7:10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/8 19 25 (Address) 413 N Wood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Redeemer	Mar 11 1925
20-UNDERTAKER.	ADDRESS
Geo M Zinn & Son	811 N Wolfe St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96087

CERTIFICATE OF DEATH.

51 D 96087

1-PLACE OF DEATH

City of BALTIMORE: (No. 4406 Ready Ave St., 21-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Dixon

(a) Residence No. 4406 Ready Ave St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) April 5 1900

7-AGE. 24 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER. Wm G. Dixon

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Viola McKenzie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14- (Informant). Wm G. Dixon

(Address). 4406 Ready Ave

15- Filed MAR 10 1925 ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 8/25

17- I HEREBY CERTIFY, That I attended deceased from February 24 1925 to March 8 1925 that I last saw him alive on March 8 1925 and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism

(Duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) P E Jelly M. D.

March 9 1925 (Address) 501 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL. March 11, 1925

20-UNDERTAKER. Geo M. Fring & Son — ADDRESS 811 N Howard

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

179019 D 96088

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 D 96088

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Ellis

(a) RESIDENCE NO. 1009 Sterling St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	14	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER William Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Camelia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 10 1925, 19 ROBERT A. KRAUTH, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1925

17

I HEREBY CERTIFY, That I attended deceased from March 4 - , 1925 to March 6 - , 1925

that I last saw her alive on March 6 - , 1925

and that death occurred, on the date stated above, at 7:12 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Bradyman, M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetary	Mar 10 1925
20 UNDERTAKER	ADDRESS
Jno. T. H. Rochester	1413 Jefferson St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96089

CERTIFICATE OF DEATH.

D 36089

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2632 Kate Ave ST., 15-3 WARD)

2-FULL NAME Raleigh Colston Pearrell

(a) RESIDENCE NO. 2632 Kate Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L Pearrell

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	59	0	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Locomotive

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Phillip Pearrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Agnes Everoll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Mrs. Laura L Pearrell

(Address) 2632 Kate Ave

15 DATE RECEIVED MAR 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-1 ..., 1925, to 3-8 ..., 1925, that I last saw h.. alive on 3-8 ..., 1925, and that death occurred, on the date stated above, at 5.15 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Bungan M. D.

(Address) 7454 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL Mch. 10 1925

20 UNDERTAKER Wm Fechtel Sons ADDRESS Norwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 lbs. Helen Irene Powell.

D 96090

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96090

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N Durham St.; 6-1 WARD) REGISTERED No. C 40

2-FULL NAME Helen Irene Powell

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 203 N Durham St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. ....., (Month) (Day) 1904 (Year)

7-AGE. 20 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) 37

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Nathaniel Johnson

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Eliz Brooks

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Saunders

(Address) 203 N Durham

15-

MAR 10 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/7/25, to 3/8/25.
that I saw h[illegible] alive on 3/8/25;
and that death occurred, on the date stated above, at 12.30a m.
The CAUSE OF DEATH* was as follows:
Peritonitis

(Duration) ....yrs. ....mos. 10 ds.
CONTRIBUTORY (Secondary) Ruptured fallopian tube.
(Duration) ....yrs. ....mos. 6 ds.

(Signed) Joseph J. Kurtzer M. D.
3/9, 1925 (Address) 2219 Pennsylvania

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel — DATE OF BURIAL. 3/12/25

20-UNDERTAKER H C Goods — ADDRESS 1400 McElderry

CAUSE OF DEATH must be plainly written, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96091

CERTIFICATE OF DEATH.

90 D 96091

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 S.Charles St. ST., 23-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William I.Wolf.

(a) RESIDENCE No 1612 S.Charles St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~ Annie Wolf.

6 DATE OF BIRTH (month, day, and year) September 23, 1868.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	13.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Street sweeper.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Laurence Wolf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Elizabeth Liberan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Annie Wolf.(wife).
(Address) 1612 S.Charles St.

15 MAR 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt, M. D.
(Coroner.)
March 9, 1925. (Address) 1014 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	March 12 1925
20 UNDERTAKER	ADDRESS
A Howard Evans	38 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96092

CERTIFICATE OF DEATH.

100-001

D 96092

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No.) ..... ST., 10-6 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Bender

(a) RESIDENCE NO. 2101 Eagle ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Bender

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER Eagle

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Hunter

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Bay View Hospital
(Address)

15 MAR 10 1925 ROBERT R. KRAMER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8 1925

17

I HEREBY CERTIFY, That I attended deceased from 2/27, 1925, to 3/8, 1925

that I last saw h alive on 3/8, 1925

and that death occurred, on the date stated above at 2-45 P m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Psychosis + arteriosclerosis

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical symptoms

(Signed) W. H. Smith M. D.

3/9, 1925 (Address) Bay View Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar. 11, 1925

20 UNDERTAKER George L. Schwab ADDRESS 2101 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96093

CERTIFICATE OF DEATH.

11-002

D 96093

1-PLACE OF DEATH

City of BALTIMORE: (No. 306-23½ St., 12-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Clay

(a) Residence No. 306-23½ St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, ~~Married,~~ Widowed, or ~~Divorced,~~ (Write the word.)
Male	Col	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr 3, 1924

7-AGE. yrs. 11 mos. 6 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country) Md

PARENTS.

10-NAME OF FATHER Herman Clay

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country) Md

12-MAIDEN NAME OF MOTHER Edith Wallace

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country) Md

14- (Informant) Herman Clay

(Address) 306-23½ St

15- MAR 10 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 3, 1925 to March 8, 1925

that I last saw him alive on March 8, 1925

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M D

March 9, 1925 (Address) 1334-[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	March 10, 1925
20-UNDERTAKER.	ADDRESS
Sam'l W. Chase Sons	1400 Mosher St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96094

1-PLACE OF DEATH

City of BALTIMORE: (No. 322 S. Poppleton St., 21 Ward 12-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura F. Robertson

(a) Residence No. 322 S. Poppleton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: James E. Robertson

6-DATE OF BIRTH (month, day and year): Apr. 17, 1850

7-AGE: 74 yrs. 10 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Charles Husbeck

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Laura Husbeck

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14- (Informant): Mrs. Peters

(Address): 322 S. Poppleton Street

15-

MAR 10 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1924 to Mar 8, 1925

that I last saw her alive on Mar 7, 1925

and that death occurred, on the date stated above, at 5.01 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Int Nephr

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically yes

(Signed) John Schwarzbeg

3-9, 1925 (Address) 1126 Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: March 11, 1925

20-UNDERTAKER: A. B. Block — ADDRESS: 1003 W. Balto St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

B 96095

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-001

B 96095

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 Lewiston Ave St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John George Gilbert

(a) Residence No. 7 Lewiston Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 6 1925

7-AGE, ...yrs.....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, H Frank Gilbert

11-BIRTHPLACE OF FATHER (city or town). Baltimore
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Eva Benner

13-BIRTHPLACE OF MOTHER (city or town). Baltimore
(State or Country). Md

14- (Informant) H Frank Gilbert

(Address) 7 Lewiston Ave

15-

Filed..... 192 ROBERT R. KRAUTER, Registrar.

MAR 10 1925

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 7 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1925, to Mar. 7, 1925, that I last saw him alive on Mar. 7, 1925, and that death occurred, on the date stated above, at 12.45 noon m.

The CAUSE OF DEATH* was as follows:

Premature birth

(8 mo's time abed)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) James D Aitchison M. D.

3-8-, 1925 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, Mar 10" 25

20-UNDERTAKER, Joseph B Cook — ADDRESS 1003 N Bond

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96096

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 96096

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1632 Druid Hill St., 14-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Richardson

(a) Residence No. 1632 Druid Hill St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Cd.

5-Single, Married, Widowed, or Divorced, (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Westbrook Richardson

6-DATE OF BIRTH (month, day and year) 1871

7-AGE. 53 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Kenney Simpson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Elizabeth Nicholas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

11- (Informant) Mrs. Morris Allen

(Address) 515 Robert St.

13- MAR 10 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 9/1925

17- I HEREBY CERTIFY, That I attended deceased from March 23 1925 to Mar 9 1925

that I last saw h. er alive on March 6 1925

and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Left) Clin Myocarditis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Chambers M. D.

Mar 9. 1925 (Address) 1604 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	3/11/1925
20-UNDERTAKER,	ADDRESS
Geo. J. A. Gibson	1735 Druid Hill

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96097

CERTIFICATE OF DEATH.

D 96097

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Light ST.; 22-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy A. Gowallis

(a) RESIDENCE. No. 620 Light ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 12, 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Alfonsas Gowallis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Eva Majaika

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Alfonsas Gowallis
(Address) 620 Light St

Filed MAR 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 10 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March 9th, 1925, to March 9th, 1925, that I last saw h[er] alive on ..., 1925, and that death occurred, on the date stated above, at 2.55A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L Ulmer, M. D.

3-10, 1925 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 11 1925
20 UNDERTAKER John Grebliauckas	ADDRESS 425 S. Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96098

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96098

CERTIFICATE OF DEATH. × 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Thomas Av ST. 15-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Myers

(a) RESIDENCE NO. Boring ST. Balto co. Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kenzie Myers

6 DATE OF BIRTH (month, day, and year) Nov 8-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	70	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William P. Rawlings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank Wooden

(Address) 1813 Thomas Av

15 Filed MAR 10 1925, 19

Robert P. Harrison,

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1925, to Mar. 10, 1925, that I last saw her alive on Mar. 10, 1925 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Metzel M. D.

Mar 10 1925 (Address) 1903 W. North Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Grove Balto co Md	Mar 12 1925
20 UNDERTAKER	ADDRESS
C. V. Tipton & Son	Hampstead Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 001 ✓ D 96099

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 E. North Ave ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Confer

(a) RESIDENCE NO. 2215 E North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Confer

6 DATE OF BIRTH (month, day, and year) March 25 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER George Kimpel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Kimpel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edith Confer

(Address) 2215 E North Ave

15 Filed MAR 10 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1925, to March 9th, 1925, that I last saw her alive on March 9th, 1925, and that death occurred, on the date stated above, at 3-15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Caleb R Athey, M. D.

May 9 1925 (Address) 1008 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — DATE OF BURIAL March 11 1925

20 UNDERTAKER Robt J Keane Jnr — ADDRESS 1442 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96100

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96100

CERTIFICATE OF DEATH.

100-001

4-3 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Peterson

(a) RESIDENCE NO. 45½ E. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible] 1849

7 AGE: Years 76 yr. Months Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Nathaniel Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): D. C.

12 MAIDEN NAME OF MOTHER: Sarah Jane Peterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Municipal Hospital Records

(Address)

15 Robert P. Harrison, 19

Registrar

Burial Permit Clerk

R 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1925, to March 7, 1925,

that I last saw him alive on March 7, 1925

and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller, M. D.

3/8, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: Mar 9 1925

20 UNDERTAKER: Harry A. Vodery

ADDRESS: 238 High Cumberland Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 96101

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22-E 20th ST.: 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Brown

(a) RESIDENCE. NO. 22-E 20th ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Brown.

6 DATE OF BIRTH (month, day, and year) Unknown 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) St. Marys Co. (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER " Mary

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant John Woodland (Address) 22-E 20th St.

15 Filed ....., 19.... Robert P. Harrison, Registrar
Permit Clerk

R 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 9, 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1925, to Mar 9, 1925, that I last saw h[illegible] alive on Mar 9, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

Chronic (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma - Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H Wright M. D.

(Address) 1209 Bro[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Charles County Md	Mar 11 1925
20 UNDERTAKER J. Mack G. Elliott	ADDRESS 1732 Eastlan[illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96102

CERTIFICATE OF DEATH.

24-001

D 96102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 551 Caton Ave ST., 10 - 2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. Cadogan

(a) RESIDENCE NO. 551 Caton Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Cadogan

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 62	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER Thos. Cadogan

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Benville

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant James Lee Ball (Address) Catonsville, Md

15 Filed MAR 10 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, authority or inquiry.) thereon and from the evidence obtained by the Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. B. Norton, M. D. (Coroner.)

March 10, 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cath. Ref. Peters Cem	March 11 1925
20 UNDERTAKER	ADDRESS
John F. Cowan & Son	901 Hollins St

per E. A. Cowan

CAUSE OF DEATH must be properly certified on plain lines. Space filled in may be typewritten. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96103

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1434 Riverside ave. St., 24-N Ward) Registered No. 74-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mary a McNaney

(a) Residence No. 1434 Riverside ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) ~~Wife~~ of Michael McNaney

6-DATE OF BIRTH (month, day and year) aug 12, 1858

7-AGE. 66 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, John F. Joyce

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Barbara Cunningham

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-
(Informant) Nicholas Joyce
(Address) 1434 Riverside ave.

15-
Filed MAR 10 1925
[Robert P.] Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 9-25

17- I HEREBY CERTIFY, That I attended deceased from March 1 1925 to March 9 19 25
that I last saw h[e] alive on March 9 19 25
and that death occurred, on the date stated above, at 1.30P m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. McNulty M. D.
3/10 19 (Address) 1209 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral Cem. | DATE OF BURIAL, March 12 19 25

20-UNDERTAKER, M. E. Floyd | ADDRESS 1422 Light

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96104

CERTIFICATE OF DEATH.

57

B 96104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 E Clement ST., 2nd WARD) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Wasserman

(a) RESIDENCE NO. 620 E Clement ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos Wasserman

6 DATE OF BIRTH (month, day, and year) 1860 J. 6

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City (State or country)

PARENTS

10 NAME OF FATHER John Lipk

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Joseph Wasserman (Address) 620 E Clement

15 Filed MAR 10 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 9 1925

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1924, to March 9, 1925, that I last saw her alive on 3. 9, 1925, and that death occurred, on the date stated above, at 10.10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia Paralysis 12 hrs.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Myocarditis Diabetes

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L J Turlington, M. D.

3.9. 1925 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Mar 17, 25

20 UNDERTAKER Margaret J Flynn — ADDRESS 14 n Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96105

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1434 Light St. 23-2 90 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Crowley

(a) Residence No. 1434 Light St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick Crowley

6-DATE OF BIRTH (month, day and year) May 1, 1859

7-AGE. 66 yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER, Albert H. Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto, Md.

12-MAIDEN NAME OF MOTHER, Mary E. Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto, Md.

14- (Informant) Family

(Address) 1434 Light St

15- Robert P. Harrison, Registrar.

10 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 8 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1921 to Mar 8 1925

That I last saw h[illegible] alive on Mar 7 1925

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma - Abdominal

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

3/11, 1925 (Address) 1434 Pendleton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cem. DATE OF BURIAL, Mar 11, 1925

20-UNDERTAKER, Margaret J Flynn ADDRESS 1427 Light St

instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96106

CERTIFICATE OF DEATH.

+ 188-003

D 96106

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Union Memorial Hospital St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Hastry

(Residence in Baltimore: No. Brooklandville, Md. St.; yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Do not know ..... 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
52 yrs. -- mos. -- ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Thomas Hastry

11-BIRTHPLACE OF FATHER. (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Tonry

13-BIRTHPLACE OF MOTHER. (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hannah C. Sweeney

(Address) 2523 Madison Avenue

15 MAR 11 1925 192

ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mar 8 (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to H[illegible] death on the day stated above.

CAUSE OF DEATH* was as follows. Fracture skull & base

Auto accident accidental

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John F. Normoyle M. D.
(Coroner)

Mar 10 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Vincents Cem	3/11 192 5

20-UNDERTAKER. Henry U. Mears & Son

ADDRESS 805 N Calvert

STATE BOARD OF HEALTH

Name of property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

36107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-3 129 D 96107

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 Kenwood ave ST.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Bevan

(Residence in Baltimore: No. 26 N Kenwood ave St.; life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 10th, 1851. (Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Farmer

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Joshua Bevans

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER, Rachel Galloway

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Bevans

(Address) 26 N Kenwood ave

15- MAR 11 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9th, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18th 1924 to March 9th 1925, that I saw h im alive on March 7th 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. 3 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas W Stone M. D.

Mch 10, 1925 (Address) 2808 Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Lem — DATE OF BURIAL, 3/11/1925

20-UNDERTAKER John A Moran — ADDRESS 3000 E Balto

Keep this certificate in place of safety. It may be necessary to produce it in order to obtain insurance, pension, etc. Read carefully the instructions on back of certificate. Answer all questions in full and by word of mouth. Use ink. Write plainly. Be careful and accurate. Every question is important. See instructions on back of certificate.

KODAK

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96108

CERTIFICATE OF DEATH.

4-1 129

D 96108

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Mercedes Walsh

(a) Residence No. Holy Trinity Church St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write one word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1867

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) Mercy Hosp Record

(Address)

15- MAR 11 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/10/25

17- I HEREBY CERTIFY, That I attended deceased from 2/21/25, 19.. to 3/10/25, 19..

that I last saw her alive on 3/10/25, 19..

and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Cerebro Thrombosis Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic Psychosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Kelly M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt St Agnes DATE OF BURIAL, Mar 11 1925

20-UNDERTAKER. Henry W Jenkins Sons & Co ADDRESS McCulloh & Orchard

In plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96109

CERTIFICATE OF DEATH.

90 D 96109

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 George ST., 17-3 WARD)

2-FULL NAME Charles Douglass

(a) RESIDENCE NO. 715 George ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS,

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Douglas

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer) 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Rachel Douglas (Address) 715 George St.

MAR 11 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7- 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-1- , 1925 , to 3-7- , 1925 , that I last saw h— alive on 3-6- , 1925 , and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

Last Rites

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Dr Hanger M. D.

3-7- 1925 (Address) 6 [illegible] Canal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	3/11 1925
20 UNDERTAKER	ADDRESS
Daniel F Hensley	1128 Bible

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96110

CERTIFICATE OF DEATH.

90

D 96110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Clarkson St. ST., 23-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther Daniels.(C).

(a) RESIDENCE No 1125 Clarkson St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. -- mos. -- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	50	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 240

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer.

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant William Miner.(C).

(Address) 1125 Clarkson St.

15 MAR 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Chronic Myocarditis.

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner), M. D.

March 10, 1925. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Ct.	Mch 11 1925
20 UNDERTAKER	**ADDRESS**
L. C. Bromwell Son	1082 W. Monty

FION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 96111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 D 96111

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Caroline De Green

(a) RESIDENCE NO. Mt. Hope Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 45 yrs. ? mos. ? ds.

(If non-resident give city or town and State) Resident

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	79	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Sebastian Poltzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mt. Hope Records

(Address)

15 MAR 11 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1924, to March 9, 1925, that I last saw her alive on March 9, 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) Senile degeneration

(duration) unknown yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall M. D.

, 19 (Address) Wyatsville Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemty — DATE OF BURIAL May 10 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AV

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96112

CERTIFICATE OF DEATH.

90 D 96112

1-PLACE OF DEATH

City of BALTIMORE: (No. 3404 Copley Rd St., 15-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Wirth

(a) Residence No. 3404 Copley Rd St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? 76 yrs. 1 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Wirth

6-DATE OF BIRTH (month, day and year) Jan-31-1849

7-AGE, 76 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Wirth

11-BIRTHPLACE OF FATHER (city or town) unknown (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Smith

13-BIRTHPLACE OF MOTHER (city or town) unknown (State or Country), Germany

14- (Informant) Jos. Van Allum (Son in Law)

(Address) 3404 Copley Road.

15- Filed....., 192.....

ROBERT R. KRAUTER, Burial Permit Clerk.

MAR 11 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 9 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 9, 1925, to Mar 9, 1925

that I last saw him alive on Mar 9, 1925

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? none Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. Lozupone, M. D.

, 19 (Address) 2232 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Mar 11, 1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96113 D 96113

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Washington Monument ST.; 4-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Koontz

(Residence in Baltimore: No. 417 N. Chas St.; yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, ..., 1/01
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
24 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Hugh Koontz

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER C. M. Koontz

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Undertaker

(Address) Jno L. Wessler, Jackson Va

15- MAR 11 1925 ROBERT R. KRAUTER, (Registrar.)
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured skull by jumping from Monument window

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lucas M. D.
(Coroner.)

March, 1925 (Address) 1633 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mt Jackson Va	March 11 1925
20-UNDERTAKER John C. Mitchell	ADDRESS 1201 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18-100-002 D 96114

1-PLACE OF DEATH

City of BALTIMORE: (No. 837 N Lexington St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Livonia Henry

(a) Residence No. 837 N. Lexington St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 3 1924

7-AGE. .....yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nat any

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Hamilton

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER, Myrtle Henry

13-BIRTHPLACE OF MOTHER (city or town) Cambridge (State or Country), Md

14- (Informant) Myrtle Henry

(Address) 837 N Lexington St

15- MAR 11 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch 10 1925

17- I HEREBY CERTIFY, That I attended deceased from March 5, 1925, to ....., 19....., that I last saw her alive on March 5, 1925, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH* was as follows:

Acute Bronchitis

.....(Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J E Thomas M. D

3-11-, 1925 (Address) 822 N Bond St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	Mch 12 1925
20-UNDERTAKER. John H Toadvine	ADDRESS 1027 Druid Hill Ave

instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 96115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Mc Elderry St.; 26-3 Ward) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Zulauf

(a) RESIDENCE. No. 3303 Mc Elderry St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? 39 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Zulauf

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Thomas Hodges

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs John H. Zulauf
(Address) 3303 Mc Elderry St

15 Filed ....., 19.... ROBERT R. KRAUTER Registrar
MAR 11 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from January 15th, 1925, to March 10th, 1925.

that I last saw her alive on March 9th, 1925.

and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

a. Carcinoma Breast

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb M Dorsey, M. D.

March, 19 (Address) 100 S Potomac Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Mar 12th 1925

20 UNDERTAKER — ADDRESS

Peter Nicolaus 2060 Eastern Ave

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 96116.

CERTIFICATE OF DEATH.

D 96116

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 17-2 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Temple

(a) RESIDENCE NO. 720 Penna Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Hamilton Temple

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 11 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1925, to March 8 1925.

that I last saw him alive on March 8, 1925

and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension, Chronic myocarditis (degenerative) Myocardial Insufficiency

(duration) yrs. 3 mos (History)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller M. D.

3/8/ 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3-12-1925
20 UNDERTAKER	ADDRESS
Dent Easton	916 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96117

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1903 Aliceanna Street St., 2 Ward 3)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Feliks . Zazycki

(a) Residence No. 1903 Aliceanna Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND ~~of~~ ~~WIFE~~ Agatha. Zazycki

6-DATE OF BIRTH (month, day and year): 1875

7-AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Moulder

(b) General nature of Industry, business, or establishment in which employed (or employer): Dundalk Faundry

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14- (Informant): Mrs. Agatha. Zazycki

(Address): 1903 Aliceanna Street

15- Filed MAR 11 1925 ROBERT N. KRAMER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3/10/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to Mar 10, 1925 that I last saw h— alive on Mar 10 1925 and that death occurred, on the date stated above, at 2.30 A m

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart

Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Copeland M. D.

M. D. (Address) 2014 Fleet

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL, March 12. 1925

20-UNDERTAKER: John M Weber ADDRESS 1803 Bank St

Instructions on back of certificates.

Spec– 12-23-21– E.B.R.S.–400 Blks. Frank Frederick

96118

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96118

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary 123 Registered No.....

City of BALTIMORE: (No..... St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Frederick

(a) Residence No. 804 S Glover St St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 10 1877

7-AGE. 47 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furman

(b) General nature of industry, business, or establishment in which employed (or employer) C. P. Tel Co

(c) Name of employer Balto Md

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) Mrs. Peter Forysdeych

(Address) 2614 Talbot Street

15-

MAR 11 1925

ROBERT P. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/10/25

17- I HEREBY CERTIFY, That I attended deceased from February 13 1925 to March 10 1925

that I last saw h. alive on March 9 1925

and that death occurred, on the date stated above, at 1:50 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy - Empyema

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of February 25 '25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John E. Norment M. D

19 (Address) Church Home and Infy.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	March 13 1925
20-UNDERTAKER.	**ADDRESS**
John McWeley	1803 Bank St

Burial Permit Clerk

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Casimier Kwiatkowski

96119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111 D 96119

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Casimier Kwiatkowski

(a) Residence No. 2222 Cambridge St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1875

7-AGE. 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14-

(Informant) Mr. Adam Kwiatkowski

(Address) 2222 Cambridge

MAR 11 1925

ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/11/25

17- I HEREBY CERTIFY, That I attended deceased from 3/10/25 19 to 3/11/25 19

that I last saw her alive on 3/11/25 19

and that death occurred, on the date stated above, at 1:45 a. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix.

Peritonitis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Supposed at home

Did an operation precede death? Yes Date of 3/10/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Lolley M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL. March 14 19 25

20-UNDERTAKER. John M Weber

ADDRESS 1803 Bank St

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96120

CERTIFICATE OF DEATH.

X 38

D 96120

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., 6-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Short

(a) Residence No. 9 N. Bond St. St., Ward Towson

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-~~Single~~, Married, Widowed, or Divorced. (Write the word.) Wid.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of D.K.

6-DATE OF BIRTH (month, day and year) Nov 26, 1897

7-AGE. 27 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) B. Brick Co

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Gorins town Md

PARENTS.

10-NAME OF FATHER. Ignatious Short

11-BIRTHPLACE OF FATHER (city or town) (State or Country). St Mary Co

12-MAIDEN NAME OF MOTHER. Janie Amos

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Janie Garrett

(Address) 9 N Bond St

15-

Filed 192 MURIEL B. BRADER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 7 1925 to March 8 1925 that I last saw him alive on March 7 1925 and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemiplegia

(Duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Talbert M.D.

March 8 1925 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cemetery March 11th 1925

20-UNDERTAKER. Milton Evans ADDRESS 816 N Eden St

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 D 96121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 St Paul ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Thos Wright 3rd

(a) RESIDENCE NO. 2219 St Paul St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 21 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Thos. Wright 3rd

11 BIRTHPLACE OF FATHER (city or town) Fred (State or country) Va

12 MAIDEN NAME OF MOTHER Jean Bateler

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mr. W. Thos Wright Jr. (Address) 2219 St Paul St

15 Filed MAR 11 1925 49 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/7, 1925, to 3/10, 1925. that I last saw him alive on 10th inst, 1925, and that death occurred, on the date stated above, at 10.10 P.M.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Loring Joslin M. D.

3/4 1925 (Address) 1017 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL Mar. 11 1925

20 UNDERTAKER Wm J. Tucker Sons ADDRESS North Ave

REGISTRATION MUST BE STRICTLY OBSERVED. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96122

CERTIFICATE OF DEATH.

58-901

D 96122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4936 Park Heights Ave ST., (WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Warfield

(a) RESIDENCE NO. 4936 Park Heights Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? ~~over 5 yrs.~~ yrs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas R. Warfield ~~Deceased~~

6 DATE OF BIRTH (month, day, and year): Dec 24-1859

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	66	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Hammond P. Welty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Boonsboro Washington County Md

12 MAIDEN NAME OF MOTHER: Susan A. Mobley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant: Miss Fannie Warfield (Address) 4936 Park Heights Ave

15 Filed ..... 19 ..... RUEHL R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1925, to March 10, 1925, that I last saw her alive on March 10, 1925 and that death occurred, on the date stated above, at 7.40 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? St. Agnes Hos.

(Signed) L. A. Richardson M. D.

1925 (Address) 112 W. 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. Frederick Md — DATE OF BURIAL: Mar 13 1925

20 UNDERTAKER: Wm J. Ecknerd Sons — ADDRESS: North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96123

CERTIFICATE OF DEATH.

100 001 D 96123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 10-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mc Ginn

(a) RESIDENCE NO. 919 E Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878 March 4

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47 yrs.	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk or Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods 009

(c) Name of employer John E. Heard & Co

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Mc Ginn

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Healy

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed ..... 19 ..... HUBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28 1925, to March 9, 1925, that I last saw him alive on March 9, 1925 and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Ulcerative Stomatitis
Ulcerative Pharyngitis

..... (duration) ... yrs. 5 mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller, M. D.

3/9/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Mar 12 1925

20 UNDERTAKER Elmer W. Conklin ADDRESS 424 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

178989

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96124

CERTIFICATE OF DEATH.

D 96124

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 5-245

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Stanley

(a) RESIDENCE No. 1709 May ST ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Relative

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 11 1925 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 . 1925 to March 10 . 1925 .

that I last saw him alive on March 10 - . 1925 .

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

1 Carcinoma of rectum

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 28 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Md	March 12 25
20 UNDERTAKER John W Henderson	ADDRESS 1602 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-3 113

Registered No. D 96125

1-PLACE OF DEATH

City of BALTIMORE: (No.) 630- E 28 St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Willie E Saunders

(a) Residence No. 630 East 28 St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, Col | 5-Single, ~~Married~~ Widowed, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 24/23

7-AGE. 1 yrs. 8 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Willie E. Saunders

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mattie M. Smith

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ga

11- (Informant) Willie Saunders

(Address) 630 E. 28th St.

15- MAR 11 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from Mch 7, 1925 to Mch 10, 1925 that I last saw h~~e~~ alive on Mch 10, 1925 and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH* was as follows: Gastro enteritis (Acute) Exposure to dust. Contributing the use of Smith indigestible food. (Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Garland Schmidt M. D

Mch 11, 1925 (Address) 1534 E. N. Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Mar 11, 1925
20-UNDERTAKER. Mrs P. G. Elliott	ADDRESS 1225 Eutaw Ave

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓

D 96126

1-PLACE OF DEATH

City of BALTIMORE: (No. 731 St. Peters St., 21-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Benson

(a) Residence No. 731 St. Peters St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Feb 21 1901

7-AGE, 24 yrs. mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Benson

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mattie Kelley

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) Mr. Howard H Benson

(Address) 820 W. Barre st

MAR 11 1925 ROBERT R. KRAUTH, Registrar.

Burial Permit Issued

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 8 1925

17- I HEREBY CERTIFY, That I attended deceased from March 1 25 to March 8 25

that I last saw him alive on March 8 25

and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Pul. T. B.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John G Schwentker M. D.

(Address) 1126 W Lewis St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, March 11 1925

20-UNDERTAKER, James Dignan & Son — ADDRESS 1000 S. Paca st

Spec.—1-10-21—M&T—1500 Bks.

B 96127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 B 96127

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 676 W. Fayette ST., 4-1 WARD)

2-FULL NAME Lauretta Margaret Emmel

(a) RESIDENCE NO. 676 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. — mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2-25-1924.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Carl Emmel

11 BIRTHPLACE OF FATHER (city or town) Philadelphia (State or country) Pa.

12 MAIDEN NAME OF MOTHER Cecelia O'Toole

13 BIRTHPLACE OF MOTHER (city or town) Shenandoah (State or country) Pa.

14 Informant Cecelia Emmel (Address) 676 W. Fayette St

15 Filed MAR 11 1925 HUBERT R. KRAUTER Registrar Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1925

17 I HEREBY CERTIFY, That I attended deceased from February 18, 1925, to March 9, 1925, that I last saw her alive on March 8, 1925, and that death occurred, on the date stated above, at 3:15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

3-9, 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Patricks Cemetery DATE OF BURIAL 3/10 1925

UNDERTAKER L. F. Russelburg ADDRESS 262 St. Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96128

CERTIFICATE OF DEATH.

8-1 185

D 96128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J. Quirk

(a) RESIDENCE NO. 2812 Clifton Park Terrace ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): March 14/1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: St. Cleaning Dept

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: William Quirk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Cloke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Catherine Wolfram (sister) Harford Rd. &California Ave

15 Filed MAR 11 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull due to fall or being thrown to floor.
(Inquest to be held Mar 10-25)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S H Paten, M. D. (Coroner.)

3-10-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Mar 12 1925

20 UNDERTAKER: Jas E. Miller & Son ADDRESS 2334 Jeffer...

FOR information concerning the registration of births and deaths, see instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 96129

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96129

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Eden ST., 10-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm S. Mantz

(a) RESIDENCE No. 1112 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	✓

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January 17 1869

7 AGE	56 Years	—Months	23 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER William Mantz

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Mary Kunkel

13 BIRTHPLACE OF MOTHER (city or town) York Pa (State or country)

14 Informant Miss anna M. Mantz (Address)

15 Filed MAR 11 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1925 to Mar. 10, 1925

that I last saw him alive on Mar. 9 1925

and that death occurred, on the date stated above, at 11 55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma mouth

(duration) 1 yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Pathological

(Signed) Grant E. Ward, M. D.

, 19 (Address) 1418 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	March 13 1925
20 UNDERTAKER	ADDRESS
Henry Haeck & Son	134 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96130

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96130

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital, Ward) 27-9

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur D. Hill Jr.

(a) Residence No. 610 McCabe Ave, Govans Md St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/29/25

7-AGE. yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore Md
(State or Country),

PARENTS.

10-NAME OF FATHER, Arthur D Hill

11-BIRTHPLACE OF FATHER (city or town)..... Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Helen C. Tillo

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14-

(Informant) Mr. Arthur D. Hill

(Address) 610 McCabe Ave

15-

Filed APR 1925 Robert P. Harrison,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 11 1925

17- I HEREBY CERTIFY, That I attended deceased from 2/20/25 19.. to March 11, 19.25.

that I last saw h. alive on March 11, 19.25.

and that death occurred, on the date stated above, at 9.00 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

3/11/25 19 (Signed) Clowell Howell M. D.

(Address) U. M. H.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Prospect Hill Cemetery Balto	March 12 19.25
20-UNDERTAKER.	ADDRESS
Henry Hoech Son	1301 E Eager St

instructions on back of certificates.

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Blks.

D 96131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 S Fulton Ave. ST., 19 WARD) 101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Kranning

(a) RESIDENCE NO. 339 S Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Sept 19 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John L Kranning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Gertrude Isaac

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. John L. Kranning. (Address) 339 S Fulton Ave.

15 Filed MAR 11 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1925, to Mar 10, 1925, that I last saw him alive on Mar 10, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan, M. D.

, 19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Mar. 11-1925

20 UNDERTAKER John F. Keown & Son ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96132

CERTIFICATE OF DEATH.

D 96132

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Eastern Ave ST.; 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Cohen.

(a) RESIDENCE NO. 2018 Eastern Ave ST., 2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Michael Cohen

6 DATE OF BIRTH (month, day, and year) June 20 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Kelly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margt. Flannigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary E. Cleary (Niece)
(Address) 2018 Eastern Ave.

15 Filed [illegible], 19 ROBERT P. HATTISON, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 9 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/15, 1925, to 3-9, 1925, that I last saw h[illegible] alive on 3/8, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Arterio Sclerosis

(duration) yrs. 2 mos 4 ds.

CONTRIBUTORY (Secondary) ?
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Daniel Stuckert, M. D.

(Address) 320 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Mch 11 1925

20 UNDERTAKER: Lilly & Geiler — ADDRESS: 1038 N. Howard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 E. Fairmount Ave. 6-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lorretta Barbara Mc Hugh.

(a) RESIDENCE NO. 1800 E. Fairmount ave ST., 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. J. Mc. Hugh.

6 DATE OF BIRTH (month, day, and year) July 16th 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ambrose G. Vogt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna B. Otterbein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Thos. J. Mc Hugh.

(Address) 1800 E. Fairmount St.

Filed MAR 11 1925, 19 Robert P. Harrison,

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 9 - 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13 - 1924 to March 9 1925, that I last saw h[illegible] alive on March 9 1925, and that death occurred, on the date stated above, at 1 40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(pulmonary & laryngeal.).

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY (Secondary) (1) Pregnancy + myocardial insufficiency (duration) yrs. (1)8 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exc. sputum.

(Signed) Dudley P. Baker, M. D.

(Address) 1904-N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Mch 12th 1925

20 UNDERTAKER Lilly-Zeiler — ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96134

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 26-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Balcom

(a) Residence No. 4001 Eastern ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1876

7-AGE. 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) General nature of Industry, business, or establishment in which employed (or employer) 823

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Rhode Island

PARENTS.

10-NAME OF FATHER. Minor Balcom

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Massachusetts

12-MAIDEN NAME OF MOTHER. Ada Wade

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Massachusetts

14 (Informant) Hospital Records

(Address) M.T.H.

15- Filed MAR 11 1925 Robert P. Harrison Registrar.

Burial Permit Clark

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 3 19 25 to March 10 19 25

that I last saw him alive on March 10 19 25

and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) J. F. White M. D.

3-10-25 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Whitinsville Mass.	March 11 1925
20-UNDERTAKER.	ADDRESS
Jos. J. Herr	156 N. Luzerne ave.

Spec—12-23-24—E.B.R.S.—400 Blks.

D 96135

HEALTH DEPARTMENT—CITY OF BALTIMORE

123 D 96135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Horst.

(a) Residence No. 124 S. Patterson Park Ave St.,.....Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 1877

7-AGE. 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. John M. Horst

9-BIRTHPLACE (city or town) Balto
(State or Country), Md

PARENTS.

10-NAME OF FATHER, John M. Horst

11-BIRTHPLACE OF FATHER (city or town) Balto
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Katherine Spentzer

13-BIRTHPLACE OF MOTHER (city or town)
(State or Country), Germany

14- (Informant) Annie Reiner

(Address) 1924 Orleans St

15- Filed 192 Robert F. Harrison, Registrar.

Burial Permit Clerk

R 11 1925

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 9. 25

17- I HEREBY CERTIFY, That I attended deceased from March 3 1925 to March 9 1925

that I last saw h. alive on March 9 1925

and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Cholecystatis
Cholelithiasis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? N/A Date of Drainage Gall Bladder March 4

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. W. Wright, M. D

, 19 (Address) Church Home & Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	March 12, 1925
20-UNDERTAKER.	ADDRESS.
H. Sander Sons	1710 E. Lexington St

D 96136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

165 D 96136

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.; 12-6 WARD)

2-FULL NAME Lillian S. Gray

(Residence in Baltimore: No. 10 E Lafayette av. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Wid

6-DATE OF BIRTH, July 23 1879, 1 (Month) (Day) (Year)

7-AGE, 45 yrs. 7 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Mr Fetzer 067

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Jno Schoff

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Annie Runnecke

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eliz. Bernard

(Address) 2304 McMunnen

15-

Filed ....., 191.. Robert P. Harrison, Registrar.

11 1925

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned by bichloride of Mercury

(Duration) 3 days yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. Kelly M. D. (Coroner.)

March 10, 1925 (Address) 1634 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Parkwood Cemetery	March 12 1925
20-UNDERTAKER H. Sander & Sons	ADDRESS 1720 Fleet H

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 96137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 D 96137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Port ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Werner

(a) RESIDENCE NO. 1817 N. Port ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Oct-1-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 03

(c) Name of employer self

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Mr Ulrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Mary F Lechie

(Address) 1817 N. Port St

15 Filed ..... 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

R 11 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 3 —, 1925, to March 9, 1925, that I last saw her alive on March 9, 1925 and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Infirmities

(duration) years yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. F. Carman, M. D.

3-10-1925 (Address) 1702 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dulaney Valley Cemetery	March 12 1925
20 UNDERTAKER	ADDRESS
Geo. J. Rudt	1735 Hoffman Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96138

CERTIFICATE OF DEATH.

90

D 96138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N. Montford ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Barbey Brown.

(a) RESIDENCE No. 1605 N. Montford ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Charles H. Brown.

6 DATE OF BIRTH (month, day, and year) Dec 19. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew Wenkenpe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary B. Wenkenpe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Arthur C. Brown

(Address) 1605 N. Montford ave

15 Robert P. Harrison, Registrar

1 1 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 1924 to March 10 1925 that I last saw h alive on March 10 1925 and that death occurred, on the date stated above, at 9.50 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) S. W. Bowers. M. D.

, 19 (Address) 1817 W Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	March 13 1925
20 UNDERTAKER	ADDRESS
George J. Rudt	1735 Harford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96139

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96139

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2914 Riggs Ave St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman. Bc. Weller

(a) Residence No. 2914 Riggs Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 6 1902

7-AGE. 23 yrs. 2 mos. 4 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer. W. B. A. R. Road

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John H. Weller

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Mary E. Tatgenhorst

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

11- (Informant) John H. Weller

(Address) 2914 Riggs Ave

15- Filed 1 1925, 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 10 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1924 to Mar 10 1925

that I last saw h[illegible] alive on Mar 10 1925

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

General carcinoma

Primary seat right testicle

(Duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Malignant

(Duration) ✓ yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? yes Date of Feb 15-1924

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory Specimen

(Signed) John A. Kirkland M. D.

3/11, 192[illegible] (Address) 1219 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem

DATE OF BURIAL. March 12, 1925

20-UNDERTAKER. Jos Joerdens Son

ADDRESS 2178 Pen[illegible]

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96140 D 96140

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 Gramby st St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Giuseppe DeLeonardis

(a) Residence No. 908 Gramby st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 8/1898

7-AGE. 27 27 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER, John DeLeonardis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Farrell Martilea

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Vito DeLeonardis

(Address) 908 Gramby ST

15- Filed 1 1 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 9 25

17- I HEREBY CERTIFY, That I attended deceased from March 8 1925 to March 8 1925

that I last saw him alive on March 8 1925

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & gen

(Signed) Samuel Silverstein M. D.

3/10, 1925 (Address) 22 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, March 1925
Holy Redeemer	
20-UNDERTAKER, Sol Levinson & Bro.	ADDRESS 1127 E Balto st

Spec.—1-10-21—M&T—1500 Bks.

(Poske)

D 96141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Washington Blvd ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margret Paskie

(a) RESIDENCE NO. 702 Washington Blvd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late William H Poske

6 DATE OF BIRTH (month, day, and year): Dec 18 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: Henry Buchman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margret Von Linden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs E H. Eiser

(Address) 702 Washington Blvd

15 Filed ..... 19 .....

Robert P. Harrison, Registrar

11 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1924, to March 10, 1925, that I last saw h alive on March 9, 1925 and that death occurred, on the date stated above, at 6 a, m.

The CAUSE OF DEATH* was as follows:

Endocarditis Mitralis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Apoplexia & Hemiplegia

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Cain, M. D.

, 19 (Address) 101 N. Caey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemy

DATE OF BURIAL: Mar 12 1925

20 UNDERTAKER: Jos Goerdenerdon

ADDRESS: 217 Pacca St

CAUSE OF DEATH. INFORMATION IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS very important. See instructions on back of certificates.

A K S E E

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96142

1-PLACE OF DEATH

City of BALTIMORE: (No. 4000 Norfolk Ave St., 15-24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva S. Kremer

(a) Residence No. 4000 Norfolk ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? 38 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or ~~divorced~~ HUSBAND or (or) WIFE of: Isaac Kremer

6-DATE OF BIRTH (month, day and year): Unknown

7-AGE: 73 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Prussia

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Prussia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Prussia

11-(Informant) I. Kremer

(Address) 4000 Norfolk Ave

15-Filed DEC 1 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 11-25

17-I HEREBY CERTIFY, That I attended deceased from Jan. 19 — to March 11 19 25

that I last saw h.e alive on March 11 1925

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ? yrs. mos. ds

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lentz M. D.

3-11 1925 (Address) 2040 Eutaw St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodeph Shalom — DATE OF BURIAL, 3/11 1925

20-UNDERTAKER, Sol Levinson & Bro — ADDRESS 1121 E Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

D 96143

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96143

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 E. 32nd ST., 9-3 WARD)

2-FULL NAME Helene Pieper

(a) RESIDENCE NO. 2001 E. 32nd ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced (or) WIFE of August Pieper

6 DATE OF BIRTH (month, day, and year) Mar 22, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Schellstede

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ernest J. Pieper

(Address) 2201 E. 32nd St

15 1 1 1925 . 16 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 4 , 1925 , to Mar 10 , 1925 ,

that I last saw her alive on Mar 10. , 1925 ,

and that death occurred, on the date stated above, at 11 35 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

" Aortic and Mitral murmur"

about 5 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis "Rheumatism"

about 1 yr (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. G. Prentiss, M. D.

. 19 (Address) 634 Cathedral ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Mar 13, 1925
20 UNDERTAKER	ADDRESS
Mr & Mrs. John W. Teufel & Son	20 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96144

CERTIFICATE OF DEATH.

141 D 96144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naomi Kinnear

(a) RESIDENCE No. 3106 Montebello Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A Kinnear

6 DATE OF BIRTH (month, day, and year) Mar 6, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jesse E Stagmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Emma B Pyor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant John A Kinnear (Address) 2807 Dayton St

15 Robert P. Harrison, Registrar

R 11 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11-1920

17

I HEREBY CERTIFY, That I attended deceased from 2-22-, 1920, to 3-11-, 1920,

that I last saw her alive on 3-11-, 1920

and that death occurred, on the date stated above, at 1.10 a m.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess rupturing thru Recto-Vaginal fistula. (Cure)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Septremia - Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) N. D. Parr, M. D.

3/11/1925 (Address) Franklin Sq. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	3/14 1925
20 UNDERTAKER	ADDRESS
William Cook	502 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96145 D 96145

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital or in case from St.: 32° Entered 90 WARD)

2-FULL NAME Ernest Good fellow

(Residence in Baltimore: No. 600 Nicholas Ave St.; yrs. 16 mos. da.)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mid.

6-DATE OF BIRTH, Aug 30, 1880
(Month) (Day) (Year)

7-AGE, 44 yrs. 6 mos. 11 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): Star Stat. Co.

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Chas. Goodfellow

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary Dempsey

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Goodfellow

(Address) 600 Nicholas.

15-

Filed 11 1925, 191.

Robert P. Harrison,
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) M. D.
(Coroner.)

March 11, 1925 (Address) 1629 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, 3/14, 1925

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave.

Important. See instructions on back of certificate. Exact statement of OCCUPATION very

Spec.—1-10-21—M&T—1500 Bks.

D 96146

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96146

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 E. FORT AVE. ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME HOWARD A. COX.

(a) RESIDENCE NO. 31 E. FORT AVE. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) May, 1, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10,	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Joseph Cox.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Viola Walden.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Daltaville Va.

14 Informant Joseph Cox, (Father)

(Address) 31 E. FORT AVE.

15 FILED 11 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1925, to Mar. 10, 1925, that I last saw him alive on Mar. 10, 1925, and that death occurred, on the date stated above, at 11 20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia, (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. E. Lebury, M. D.

3/11, 1925 (Address) 628 Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	March 12 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E Fort Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96147

CERTIFICATE OF DEATH.

129 D 96147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 W 25th ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia M Harman

(a) RESIDENCE NO. 2 W. 25th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Harman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Knipp

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Samuel Harman (Address) 2 W 25th St

MAR 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1925

17 I HEREBY CERTIFY, That I attended deceased from , 1916 , to Mch 10 , 1925 , that I last saw her alive on Mch 9 , 1925 , and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Acute diffuse Nephritis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis over (duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine analysis etc

(Signed) Geo. T. Kemp, M. D.

(Address) St James Apartments

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL March 12, 1925

20 UNDERTAKER Geo. A. Leide — ADDRESS 2200 Edmondson

THIS CERTIFICATE may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96148

CERTIFICATE OF DEATH.

10-2 90

B 96148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Elsey

(a) RESIDENCE NO. 1410 E Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Major Elsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Elsey

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Municipal Hospital Records (Address)

15 MAR 12 1925 ROBERT R. KRAUTER, Registrar, District Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1925, to March 8, 1925.

that I last saw him alive on March 8, 1925

and that death occurred, on the date stated above, at 10.00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (degenerative)

Myocardial Insufficiency

(duration) 1 yrs. 4 mos ds. (history)

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller M. D.

3/8, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemty

DATE OF BURIAL 3/12/25 1925

20 UNDERTAKER Byron Wright

ADDRESS 1218 N Eldersley

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified.

Cor.—1-12-23—M&T—100 Bks.

96149

HEALTH DEPARTMENT—CITY OF BALTIMORE

96149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Drowned off Fort Carroll. Registered No. 5-2 18 D

CITY OF BALTIMORE: (No. Body found off Fort Armstead St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Peterson.(C):

(a) RESIDENCE No 419 N.Central Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. -- mos. -- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Married.

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Louise Peterson.(C).

6 DATE OF BIRTH (month, day, and year) March 3, 1890.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Scowman.
(c) Name of employer A.I.Harper Coal Co.

9 BIRTHPLACE (city or town) (State or country) St.Cruz, W.I.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Louise Peterson.(C).(wife)
(Address) 419 N.Central Ave.

15 MAR 12 1925 ROBERT B. KRAUSER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Drowned December 22, 1924. Body found March 8, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from a scow.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D.
(Omaha)
March 10, 1925. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	mar 12 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

Spec.—1-12-23—M&T—500 Bks.

D 96150

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96150

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE—No. St Agnes Hospital ST., (If not in hospital, WARD)

REGISTERED NO. 25-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Louise Mahle

(a) RESIDENCE No. 101 Melvin Ave. Catonsville WARD Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? 34 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J Mahle

6 DATE OF BIRTH (month, day, and year) March 20 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Matthais Keller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John J. Mahle. (Address) Husband.

15 Filed MAR 12 1925 ROBERT R. KRAMER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11 1925

17 I HEREBY CERTIFY, that I attended deceased from Feb 11, 1925 to March 11, 1925

that I last saw h alive on March 11th 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre

(duration) 15 yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes Physician Diagnosis

What test confirmed diagnosis?

(Signed) Norman Fuchs M. D.

, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine

DATE OF BURIAL MAR 14 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 3700 EDMONDSON AVE.

Check of certificates. Items in red are very important. See instructions on back of certificate.

Spec–12-23-21–E.B.R.S.–400 Bks.

Time of burial extended to Thursday March 12/25.

D 96151

HEALTH DEPARTMENT—CITY OF BALTIMORE

96151

CERTIFICATE OF DEATH

J. Frederick Thumpel
West. Cem. Woodlawn

16-1

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1304 Poplar Grove St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audrey Elizabeth Byrne

(a) Residence No. 1304 Poplar Grove St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 6 1923

7-AGE. 1 yrs. 3 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Richard J. Byrne

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Evelyn Purcell

13-BIRTHPLACE OF MOTHER (city or town) Chicago (State or Country),

14- (Informant) Richard J. Byrne (Address) 1304 Poplar Grove St.

15- Filed ..... 192 ..... ROBERT R. KRAUTER, Registrar.

MAR 12 1925 Burial Permit Issued

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 10-1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1925 to Mar 10 1925

That I last saw her alive on Mar 10 1925

and that death occurred, on the date stated above, at 5.30 P. M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
with Sepsis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping cough

(Duration) ..... yrs. ..... mos. 2 1 ds.

18-Where was disease contracted if not at place of death? Place of death ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Obvs. Exam

(Signed) John L. Pritchard M. D.

3/11, 1925 (Address) 1219 Poplar Grove St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal**, or **Homicidal**. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem.	March 12 1925
20-UNDERTAKER.	**ADDRESS**
F. A. Tearse & Son	1539 Fremont Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96152

D 96152

CERTIFICATE OF DEATH.

8-31-25

1-PLACE OF DEATH

City of BALTIMORE: (No. 1808 N. Broadway St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Margaret Rogge

(a) Residence No. 1808 N. Broadway St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 29, 1860

7-AGE, 64 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), New York

PARENTS.

10-NAME OF FATHER, John C. Rogge

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bremen Germany

12-MAIDEN NAME OF MOTHER, Margaret Gueth

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-INFORMANT (Informant) Miss Lillye Rogge

(Address) 1808 N. Broadway

15-Filed MAR 12 1925 ROBERT R. KRAUSE Registrar.

Burial Permit

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 10/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 15, 19 25, to March 10, 19 25, that I last saw h. w. alive on March 10, 19 25 and that death occurred, on the date stated above, at 4.20 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physic & Lab.

(Signed) S. W. Bowers M. D.

3-12, 19 25 (Address) 1814 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, Mard 12 1925

20-UNDERTAKER, Jas B. Cook — ADDRESS 1032 W Balto

D 96153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96153

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Homewood Hospital St., 27-6 Ward) 188-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry F. Kahl

(Residence in Baltimore: No. 132 Cold Spring Avenue St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Divorced

6-DATE OF BIRTH. July 23rd 1890
(Month) (Day) (Year)

7-AGE. 34 yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Forman
(b) General nature of industry, business, or establishment in which employed (or employer) Siegel Roth-child Company

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Dietrich F. Kahl

11-BIRTHPLACE OF FATHER, (State or Country). Washington D. C

12-MAIDEN NAME OF MOTHER. Unetta Fahl

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Edward H. Kahl
(Informant)
(Address) 132 Cold Spring Ave.

15-
MAR 12 1925
ROBERT R. KRAUTER, Registrar.
Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:
Fracture of Skull
due to accident

Inquest Held 14h 25
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) John Morrissey M. D.
(Coroner)
3-10 1925 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	March 12, 1925
20-UNDERTAKER.	ADDRESS
Fr B Cook	1003 Balto St

Be very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96154 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96154

CERTIFICATE OF DEATH.

15-1 90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 3908 Belle Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Lillie Janes Ehlers .....

(a) Residence No. 3908 Belle Avenue St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Seth H. Ehlers

6-DATE OF BIRTH (month, day and year) Aug. 20, 1864

7-AGE. ..60..yrs. ..6..mos. ..19..ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Rising Sun Maryland

PARENTS.

10-NAME OF FATHER, David Waring

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Cecil County Maryland

12-MAIDEN NAME OF MOTHER, Armand Way

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Cecil County Maryland

14- (Informant) Seth H. Ehlers

(Address) 3908 Belle Avenue

15- Filed MAR 14 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 6, 1925 to Mar. 11, 1925 that I last saw h.. alive on. March 11, 1925 and that death occurred, on the date stated above, at 5 A. m. The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease.

.....(Duration) 12 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

.....(Duration) ..... yrs. ..... mos. 5 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ~ Date of ~

Was there an autopsy? No

What test confirmed diagnosis? P.S.

(Signed) Jolee S. Bishop, M. D.

3-11-25 (Address) 930 N. Calvert Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Mar 13, 1925

20-UNDERTAKER. J. B. Cook

ADDRESS 1003 N. Bal...

Spec.—1-10-21—M&T—1500 Bks.

D 96155 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96155

CERTIFICATE OF DEATH.

REGISTERED NO. 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Ward

(a) RESIDENCE No. 1817 W Baltimore St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Ward

6 DATE OF BIRTH (month, day, and year) Aug 8, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John H Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fredericka Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John R. Ward (Address) 1817 W Baltimore St

15 Filed MAR 12 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9, 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 19 24. to March 9, 19 25.

that I last saw h e alive on March 9, 1925.

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis (Appendectomy) 2 weeks,

Chronic myocarditis 1 yr.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilitation of heart. (duration) yrs. mos. 1 ds.

18 Where was disease contracted -- If not at place of death? -

Did an operation precede death? yes Date of Feb 24/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan M. D.

3/11, 1925 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	3rd 12 1925
20 UNDERTAKER	ADDRESS
Wm B Cook	1033 W Balto

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- that it may be properly classified.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96156

CERTIFICATE OF DEATH.

101-001

D 96156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Dulaney St., 20-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt Alfred Heath

(a) RESIDENCE No. 2605 Dulaney St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	3 weeks	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Alfred Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rose Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Alfred Heath 2605 Dulaney St

15 MAR 12 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 Mar 1925

17 I HEREBY CERTIFY, That I attended deceased from 8 Mar, 19 25, to 11 Mar, 19 25,

that I last saw him alive on 11 Mar, 19 25,

and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Z. Vance Hooper, M. D.

, 19 (Address) 2565 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Park. DATE OF BURIAL: 3/13 19 25

20 UNDERTAKER: F. D. Wehrle ADDRESS: 1858 N. Gilmor St

TION is very important. See instructions on back of certificates.

Spec—1-10-24—M&T—1500 Blks.

96157

HEALTH DEPARTMENT—CITY OF BALTIMORE

96157

CERTIFICATE OF DEATH.

+49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame ST., 10 - D WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Maurice Flood

(a) RESIDENCE NO. Desquith + 3d Lakeland Ave ST., WARD Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) February - 4 - 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) St. John
(State or country) New Brunswick

PARENTS

10 NAME OF FATHER James Flood

11 BIRTHPLACE OF FATHER (city or town) St. John
(State or country) New Brunswick

12 MAIDEN NAME OF MOTHER Isabel Gillespie

13 BIRTHPLACE OF MOTHER (city or town) St John
(State or country) New Brunswick

14 Informant Sister Mary Dominic
(Address) Notre Dame Sinsinawa St City

MAR 12 1925 ROBERT R. KRANTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March - 11 - 1925

17 I HEREBY CERTIFY, That I attended deceased from April - 1 - , 1924 , to March - 11 - , 1925 , that I last saw h e alive on Mar 10 , 1925 , and that death occurred, on the date stated above, at 12 - 40 P. m.

The CAUSE OF DEATH* was as follows:

Tumor Brain

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual mo

(Signed) T J Kirby M. D.

3/11, 1925 (Address) 110 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Notch Cliff Md.	March 12 1925
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St

TION is very important. See instructions on back of certificates. ...that it may be properly classified. Exact statement of OCCUPA-

Spec–12-23-21–E.B.R.S.–400 Bks.

D 96158

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96158

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 808 Woodward St., 21 Ward. Registered No. 161-001

2-FULL NAME Infant Duff.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 808 Woodward St., 21 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Mar 11-25

7-AGE. ... yrs. ... mos. ... ds. If LESS than 1 day, 1 hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Bates Md

PARENTS:

10-NAME OF FATHER: P. Duff

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mabel Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14- (Informant): B. Friedlein

(Address): Park Hgts Ave

15- Filed ... 192... ROBERT R. KRAUTER, Burial Permit Register.

MAR 12 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar 11-25

17- I HEREBY CERTIFY, That I attended deceased from Mar 11 1925 to Mar 11 1925, that I last saw h[e] alive on Mar 11 1925, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) John J. Schwarzenberg M.D.

(Address) 1216 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: March 13, 1925

20-UNDERTAKER: John A. Moran — ADDRESS 2000 E. Baltimore St.

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96159

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 1 W 12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Carlos -

(a) Residence No. 952 Whitridge Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

069

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Luke Carlos

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Farrell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11- (Informant) Friend

(Address)

15- MAR 12 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-11-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to March 11, 1925, that I last saw her alive on March 11, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Multiple abscesses of the liver, diffuse Hepatitis

(Duration) yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Jaundice with Terminal hemorrhage (Duration) yrs. 5 mos. 10 ds.

18-Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of Jan 16 1925

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. Austin Pearre, M. D

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Bethlehem - DATE OF BURIAL, 3-13 1925

20-UNDERTAKER James Dignan & Son ADDRESS 1000 E [illegible]

instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96160

CERTIFICATE OF DEATH.

31

D 96160

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 10-N WARD) REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eloise ~~Re~~ Green

(Residence in Baltimore: No. 829 Tolnare St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 14 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, David Green

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Grace ~

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Undertaker and Mrs

(Address) Lemmon 829 E Chase

15- straps at grave

Filed ..... 191.....

MAR 12 1925 Registrar.

BURIAL PERMIT

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchial tube enlarged

Acute Pneum (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Kelly M. D.
(Coroner.)

March 11, 1925 (Address) 1427 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Pauls - Violetville	March 12, 1925

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Greenmount Ave

Please see instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96161 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96161

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 303 S. Gilmor St., 19-2 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Geisel

(a) Residence No. 303 S. Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 4/68

7-AGE. 56 yrs. 3 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: retired merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Confectionary trade & Saloon

(c) Name of employer: Self 045

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Geisel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Jacobs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Henry Geisel

(Address) 31 98 Gilmor st

15- Filed MAR 12 1925 192 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 9/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1924 to Mar 9 1925

that I last saw him alive on Mar 9 1925

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis (insufficiency of all valves)

(Duration) 7 yrs. mos. ds

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) yrs. 16 mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual course.

(Signed) H. E. Krumbhaar M. D.

Mar 11, 1925 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar. 12. 1925

20-UNDERTAKER: George L. Schwab — ADDRESS: 1101 Eutaw ave.

instructions on back of certificates. Entire statement of OCCUPATION is very important. See

Spec.—1-10-21—M&T—1500 Bks.

D 96162

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

D 96162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Eagle ST., 20-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Hett

(a) RESIDENCE No. 2214 Eagle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hett

6 DATE OF BIRTH (month, day, and year) Nov. 7-1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or min.
51	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (at home)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Herman Kroedel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Hett

(Address) 2214 Eagle St

15 MAR 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to March 10, 1925, that I last saw he alive on March 10, 1925, and that death occurred, on the date stated above, at 10 0 m.

The CAUSE OF DEATH* was as follows:

Endocarditis Chronic

Chronic Interstitial

Nephritis

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert C Petsch M. D.

3/12/1925 (Address) 2151 Gilmor ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar. 13 1925

20 UNDERTAKER George L. Schwartz ADDRESS 2101 Druid's Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96163

CERTIFICATE OF DEATH.

90 D 96163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4206 (Street) Groveland Ave (Ward) 28-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Maurice V Higinbothom

(a) RESIDENCE. No. 4206 Groveland Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elma Higinbothom

6 DATE OF BIRTH (month, day, and year) Feb 2, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard County Md

PARENTS

10 NAME OF FATHER John Higinbothom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Frances Liggett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frank Higinbothom

(Address) 4209 Evergreen Ave Ashburton

15 Filed MAR 12 1925 ROBERT R. KRAUTER Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 30th 1925 to March 10th 1925

that I last saw him alive on March 10th 1925

and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardeal Insufficiency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopical

(Signed) Geo. H. Kaufenberg Jr. M. D.

March 10 1925 (Address) 2215 N. Wash. Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	March 13 1925
20 UNDERTAKER George J Smith	ADDRESS 1632 Hollins St

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT--CITY OF BALTIMORE

B 96164

CERTIFICATE OF DEATH

40

REGISTERED No. C 96164

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 400 N. Fulton Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan E. Copery.

(Residence in Baltimore: No. Home for the Aged of the M.E. Church St. 71 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March 7, 1840 (Month) (Day) (Year)

7 AGE: 85 yrs. = mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): St Mary's Co. Md.

PARENTS

10 NAME OF FATHER: Wm. F. Benson

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susan Wallace

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. E. Shannon
from records at the Home
(Address) 700 Fulton Ave

15 Filed MAR 12 1925 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 10, 1925 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to March 10 1925
that I saw h[er] alive on Mar 9. 1925
and that death occurred, on the date stated above, at 5.30 p m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. 6 mos. 1 ds

Contributory (SECONDARY) Acute Bronchitis.

(Duration) 1 yrs. 1 mos. 10 ds.

(Signed) George E. Shannon M. D.

3/11/25, 191 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: March 12, 1925

20 UNDERTAKER: George [illegible] — ADDRESS: [illegible] Pulaski

IT may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

96165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 D 96165

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600N. Charles St ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer M. Budd

(a) RESIDENCE NO. 600 N Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md (State or country)

PARENTS

10 NAME OF FATHER Elmer P Budd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington, Del.

12 MAIDEN NAME OF MOTHER Marguerite Mansfield

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md (State or country)

14 Informant James C. Anderson (Address) 2032 Eutaw St

15 Filed MAR 12 1925 19 ROBERT P. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 9 1925 to Mar 11 1925, that I last saw him alive on Mar 11, 1925, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis (Rheumatic)

(duration) yrs. 3 mos ? ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward Mendelsohn M. D.

19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL March 25

20 UNDERTAKER George J Smith — ADDRESS 1530 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96166 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96166

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1057 Raborg St., 18-1 Ward) Registered No. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Jas H. Calhoun

(a) Residence No. 1057 Raborg St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, C

5-Single, Married, Mar or Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year)

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

(c) Name of employer..... Balto Md

9-BIRTHPLACE (city or town) (State or Country),

PARENTS.

10-NAME OF FATHER, James H. Calhoun

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Minnie Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant)..... E. W. Howard

(Address)..... 1121 Division St

15-

Filed....., 192.....

MAR 12 1925 ROBERT R. KRAMER, Registrar.

MEDICAL CERTIFICATE OF DEATH Amberg

16-DATE OF DEATH (month, day and year). March 9-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 25, 19..., to Mch 7, 19..., that I last saw h... alive on Mch 9, 19 25, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism

(Duration)... yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Acute Pericarditis

(Duration)... yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) E. W. Howard, M. D.

Mch. 10, 1925 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion Cemetery DATE OF BURIAL, March 12 1925

20-UNDERTAKER, Eugene Waters ADDRESS 246 W Lafayette St.

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96167

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96167

CERTIFICATE OF DEATH.

X 12

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No.) Monument-Rutland Ave (Ward) 2-1 ST.,

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Weiner.

(a) RESIDENCE NO. Hagerstown, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? 2 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruben Weiner

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	29	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Elijah Lattuntz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Linkans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1134 Eutaw St

15 Filed MAR 12 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/4, 1925, to 3/11, 1925,

that I last saw her alive on 3/11, 1925

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Erysipelas

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 3/11/25

Was there an autopsy? No; Pathological Standing Diagnosis Acute Myocarditis

What test confirmed diagnosis?

(Signed) Isidor I. Jaffe, M. D.

March 19 25 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	3/12 19 25
20 UNDERTAKER	ADDRESS
Jack Lewis	1134 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96168

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2525 Eastern Ave St., 1-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Barbara Duke .....

(a) Residence No. 2525 Eastern Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of husband of Frederick Duke

6-DATE OF BIRTH (month, day and year) March 14 1844

7-AGE, 80 yrs. 11 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Dickmeyer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, A. Rusk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mrs. Chas Duke

(Address) 2525 Eastern

15- ROBERT R. KRAUTER, Burial Permit Clerk. MAR 12 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 14 1925

17- I HEREBY CERTIFY, That I attended deceased from March 9 1925 to March 11 1925

that I last saw her alive on March 10 1925

and that death occurred, on the date stated above, at 2.25 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ... yrs. ... mos. 1 ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas. P. Head, M. D.

, 19 (Address) 408 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel DATE OF B... March 14 1925

20-UNDERTAKER, C. Reemann ADDRESS 342 Broadway.

D 96169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C 1570 D 96169

City of BALTIMORE: (No. 3408 Gwynns Falls Parkway St., 15-5 Ward)

2-FULL NAME Salvatore J. Giordano

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3408 Gwynns Falls Parkway St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	White	married

6-DATE OF BIRTH. Aug. 6, 1876
(Month) (Day) (Year)

7-AGE. 49 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant (Fruit)
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Salvatore Giordano

11-BIRTHPLACE OF FATHER, (State or Country) Italy

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Giordano

(Address) 3408 Gwynns Falls Parkway

MAR 12 1925 ROBERT B. KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 11, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest and jury thereon and from the evidence obtained by said inquest, and jury find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

suicide by gun-shot wound in Head. (Pistol)

(Duration) yrs. mos. 5 minutes

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.
(Coroner)

March 12, 1925 (Address) 2803 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Cathedral	3/13 1925

20-UNDERTAKER. Edw. Leo

ADDRESS 1502 E Monument

Spec.—1-10-21—M&T—1500 Bks.

Burial 900 N. 33rd St

D 96170

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

90D 96170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 E. North Ave ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Eliza Doxen

(a) RESIDENCE NO. 826 E North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob R. Doxen

6 DATE OF BIRTH (month, day, and year) Mar. 21, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Co. Maryland

PARENTS

10 NAME OF FATHER Joseph Starr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk- Conn

12 MAIDEN NAME OF MOTHER Rebecca Newlen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk- Conn

14 Informant Rebecca Eppse (Address) 826 E N. Ave

15 Filed MAR 12 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1925

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1923, to March 11, 1925, that I last saw h alive on March 11, 1925 and that death occurred, on the date stated above, at 10.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) C J Dana M. D.

(Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion, Hyfd. Co. Md.	15 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E N. Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 96171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 96171

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. St Agnes Hosp. ST., 19-1 WARD)
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie White

(a) RESIDENCE NO. 5 N. Gilmor St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 18, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cashier
(b) General nature of industry, business, or establishment in which employed (or employer) Stewart & Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER John White
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va Don't know.
12 MAIDEN NAME OF MOTHER Don't know
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md Don't know

14 Informant John White
(Address) 5 N. Gilmor St

15 Filed 1-20 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12 1920

17 I HEREBY CERTIFY, That I attended deceased from 3-8 1920 to 3-12 1920
that I last saw her alive on 3-12 1920
and that death occurred, on the date stated above, at 9:50 a.m.
The CAUSE OF DEATH* was as follows:
Pneumonia - Lobar

(duration) yrs. mos 5 ds.
CONTRIBUTORY (Secondary) Cardiac Failure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? — Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Nemuel B Fridman M. D.
, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park
DATE OF BURIAL 3/14 1920
20 UNDERTAKER Edw Leo & Son
ADDRESS Catonsville Md

(Reverse side of certificate. See instructions on back.)

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96172

1-PLACE OF DEATH St Josephs Hospital 70-3 Registered No.

City of BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Adolph Ruppert

(a) Residence No. 2345 Edmondson Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Ruppert

6-DATE OF BIRTH (month, day and year) Jan. 14 1873.

7-AGE. 52 yrs. 1 mos. 27 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) Paints & Roofs

(c) Name of employer J. P. Johnson Co

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS:

10-NAME OF FATHER John V. Ruppert

11-BIRTHPLACE OF FATHER (city or town) Lincolnsburg (State or Country) Pa

12-MAIDEN NAME OF MOTHER Mary Theresa Webber

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country) Md

14- (Informant) Mary Ann Ruppert

(Address) 2345 Edmondson ave

15-

Filed SEP 12 1925 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 10/25

17- I HEREBY CERTIFY, That I attended deceased from March 2 1925 to March 10 1925.

that I last saw him alive on March 10 1925.

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza and Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/2/25

Was there an autopsy? No

What test confirmed diagnosis? Appearance and Clinical

(Signed) H. M. Rhoades M. D.

, 19 (Address) 4445 Liberty Heights

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 3/18/25

20-UNDERTAKER, Geo. Weber & Son — ADDRESS 2503 Edmondson ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96173

CERTIFICATE OF DEATH.

58-001

D 96173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W Saratoga St ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen F. Healey

(a) RESIDENCE No. 517 W Saratoga St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J Healey

6 DATE OF BIRTH (month, day, and year) July 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Thos Houlahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Crowley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Helen Ryan Healey (Address) 517 W Saratoga

15 MAR 12 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1925, to Mar 10, 1925, that I last saw her alive on Mar 10, 1925, and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 1 yrs. + mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan M. D.

, 19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	3/13/25

20 UNDERTAKER Geye & Finley ADDRESS Fulton & Fayette

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96174

CERTIFICATE OF DEATH.

90 D 96174

1-PLACE OF DEATH

City of BALTIMORE: (No. 510 Parkin St St., 21-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V Bell.

(a) Residence No. 510 Parkin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 17 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Bell.

6-DATE OF BIRTH (month, day and year) Apr 21

7-AGE. 43 yrs. 10 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer. 0

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs John Bell.
(Address) 510 Parkin St

15- MAR 12 1925 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 10-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 19 25 to March 10 19 25
that I last saw h[illegible] alive on March 10 19 25
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:
Mitral Regurgitation

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis.

(Duration) yrs. mos. 11 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Boyd M. D.
, 19 (Address) 602 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem.	Mch 14 1925
20-UNDERTAKER.	ADDRESS.
Peter F Gowan & Son / Peter F Gowan	701 Hollins St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96175

CERTIFICATE OF DEATH.

90 D 96175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 537 So. Monroe ST., 19 WARD)

2 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Fitzmorris

(a) RESIDENCE NO. 537 So. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin H. Fitzmorris

6 DATE OF BIRTH (month, day, and year) Jan 8 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Operator in Phoenix Color Factory
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John L. Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Catherine Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Martin H. Fitzmorris (Address) 537 So. Monroe St

MAR 12 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos B. Kerton M. D.
(Coroner)
March 11 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

—

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: March 14 1925

20 UNDERTAKER: John J. Gearon & Son. ADDRESS: 901 Fulton St.

(Signed) John J. Gearon & Son

IMPORTANT is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96176

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96176

CERTIFICATE OF DEATH.

24-31

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1813 Belt St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Granville H. Goode

(a) Residence No. 1813 Belt St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Margaret Melton

6-DATE OF BIRTH (month, day and year) Dec 30th 1881

7-AGE. 43 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R R
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Va.
(State or Country),

PARENTS.

10-NAME OF FATHER, Thomas Goode

11-BIRTHPLACE OF FATHER (city or town) (State or Country), W Va

12-MAIDEN NAME OF MOTHER, Mary Hennison

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14-
(Informant) Mrs Margaret Goode
(Address) 1813 Belt St.

15-
Filed..... 192.. ROBERT N. KRAUTER, Registrar.
MAR 12 1925
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 10 1925.

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 24, 19.., to Mar 10 25, 19..

that I last saw h.m. alive on Mar 9 25, 19..

and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Don't Know
(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Howard Mems M. D.

3.10.25 19 (Address) 107 E Lexington St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cem — DATE OF BURIAL. March 13 1925

20-UNDERTAKER. Foley & Lowen & Son — ADDRESS. 901 Harlem Av

Foley & Lowen & Son

ARK.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96177

CERTIFICATE OF DEATH.

90

D 96177

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Aiken ST., 9-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dwight S. Tyrrill

(a) RESIDENCE No. 2119 Aiken ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie D. Tyrrill

6 DATE OF BIRTH (month, day, and year) Jan 2 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	65	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer National Casket Co.

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS

10 NAME OF FATHER Alfred Tyrrill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Martha Pitcman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant Raymond S. Tyrrill

(Address) 628 N. Broadway

15 Filed 12 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/25 19

17

I HEREBY CERTIFY, That I attended deceased from 9/1 19 24, to Mar 10, 19 25,

that I last saw him alive on Mar 10, 19 25,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 12 hours mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Mitral Stenosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Clinical

(Signed) E Heller Hennig M. D.

3/12 1925 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bark Wood Cem.	Mch 13 1925

20 UNDERTAKER ADDRESS

Wm C. Black 927 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1786 89 B 96178

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-B 96178

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 5 - 2

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ziegler

(a) RESIDENCE No. 433 W. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	/	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wine

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Mass
(State or country)

PARENTS

10 NAME OF FATHER Jno Ziegler

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Brown

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant, Record
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed , 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

12 1925 0254

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 - , 1925, to March 6 - 1925, that I last saw him alive on March 6 - , 1925 and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Rickets ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) A W Sherbon M. D.

3-10 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

MAR 12 1925

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 96179

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Bay View Asylum ST., 20-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Van Donat.

(a) RESIDENCE NO. Bay View Hospital ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced -

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1857.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Morris Van Donat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hospital Records— (Address) Bay View Hospital.

15 Filed MAR 12 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 3-9-, 1925.

that I last saw him alive on 3-9-, 1925

and that death occurred, on the date stated above, at 11 20 A m.

The CAUSE OF DEATH* was as follows:

Bilateral Inguinal Hernia - ?

Chronic Nephritis 2 yrs.

Generalized Exzema Rubra. 7 days -
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes - Date of 12-31-24.

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Lab. Tests

(Signed) H. D. Champe Jr., M. D.

(Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health,

ADDRESS

Per. Wm. E. Foscale

MAR 12 1925

TION is very important. See instructions on back of certificates. Exact statement of occupa-

Spec.—1-10-21—M&T—1500 Blks.

D 96180

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96180

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Cheatham

(a) RESIDENCE NO. 213 N. Vincent St Benson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 49 yr. Months Days If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Jack Cheatham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Julia Cheatham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Municipal Hospital Records

(Address)

15 Filed MAR 12 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1925 to March 8, 1925

that I last saw him alive on March 8, 1925

and that death occurred, on the date stated above, at 1:10 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver

(duration) 1 yrs. 11 mos. (History) ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller M. D.

3/8/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health, Dr. Wm. S. Woodall

ADDRESS MAR 12 1925

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 D 96181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mid - Hosp - St. Bed 1 Ward) 22

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes O'Neill

(a) RESIDENCE NO. 803 Park Ave - ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E O'Neill

6 DATE OF BIRTH (month, day, and year) Oct. 20 1886

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
38	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md -

PARENTS

10 NAME OF FATHER Henry Thomas

11 BIRTHPLACE OF FATHER (city or town) Md - (State or country)

12 MAIDEN NAME OF MOTHER Agnes Byrnes

13 BIRTHPLACE OF MOTHER (city or town) Md - (State or country)

14 Informant Miss Hosp Reads (Address)

15 Filed 12 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1925

17

I HEREBY CERTIFY, That I attended deceased from March 1 1925, to March 11 1925, that I last saw h.. alive on March 11 1925, and that death occurred, on the date stated above, at 7:10 p m.

The CAUSE OF DEATH* was as follows:

- Empyema of Right side of Chest -

(duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary) Myocarditis -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of March 1st

Was there an autopsy? no -

What test confirmed diagnosis?

(Signed) W Wallace Walker, M. D.

, 19 (Address) Mid Hosp -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	3/14, 1925

20 UNDERTAKER Henry W. Mears & Son ADDRESS 805 N. Calvert

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96182

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96182

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2810 Park View Ter. 4-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Anna M. Boesser

(a) Residence No... 2810 Park View Ter. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	white	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of J. Henry Boesser.

6-DATE OF BIRTH (month, day and year) May 6 - 1854

7-AGE.	If LESS than 1 day,
70 yrs. 10 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None.

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Germany (State or Country),

PARENTS.

10-NAME OF FATHER, Henry Rudolph.

11-BIRTHPLACE OF FATHER (city or town)... Germany (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Deinroth

13-BIRTHPLACE OF MOTHER (city or town)... Ger. (State or Country),

14- (Informant) Mrs. Anna C. Hinzelman

(Address)... 2810 Pk. View Ter.

15- Robert P. Harrison,

Filed... 192... Registrar.

12 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3 10 25

17- I HEREBY CERTIFY, That I attended deceased from Dec - ..... 19 20 to 3/10/25 19 .....

that I last saw h... alive on 3/10 19 25

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Disease of Heart -

(Duration) - yrs. mos. ds

CONTRIBUTORY (Secondary) Cancer (- Uraemia)

(Duration) yrs. mos. 2 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D

3/11/25 (Address) 6 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Schwartz's Lane	3/13, 1925
20-UNDERTAKER	ADDRESS
J. Few McCully	130 E. Fort Ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96183

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. St., No-5 Ward) 118

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lillian Lockett

(a) Residence No. 3418 E. Pratt St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Edward McLockett

6-DATE OF BIRTH (month, day and year) March 9 1899

7-AGE. 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). D 37

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore my

PARENTS.

10-NAME OF FATHER. Henry Pratt

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Pratt Md

12-MAIDEN NAME OF MOTHER. Lelia Reynolds

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Talbot Md

14-Informant. Edward McLockett

(Address) 3418 E Pratt St

15-Filed 12 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 10 1925

17- I HEREBY CERTIFY, That I attended deceased from March 9 1925 to Mar 10 1925

That I last saw her alive on Mar 10 1925

and that death occurred, on the date stated above, at 6.50 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

Adhesions (Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? Peters Hill

Did an operation precede death? Yes Date of 3-9-25

Was there an autopsy? No

What test confirmed diagnosis? Physical Evidence Operation

(Signed) Geo B Stybert M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer DATE OF BURIAL. Mar 13 1925

20-UNDERTAKER. Robt Turner ADDRESS N. Broadway

Instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 96184

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96184

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Hanover Street. ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J.Hicks.

(a) RESIDENCE No 608 Hanover Street. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow.

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles J.Hicks.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	68	--	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant George A.Hicks.(son).
(Address) 608 Hanover Street.

15 Filed 12 1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 192 5.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart & Kidneys.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signature) Otto M. Reinhardt, M. D.
(Coroner.)
March 11, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Westerlo

DATE OF BURIAL March 13 1925

20 UNDERTAKER Robt J Turner

ADDRESS 402 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

(Van Colbert)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96185

CERTIFICATE OF DEATH.

3/ D 96185

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Municipal Hospital St. Paul WARD 6-7)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Van Colbert

(a) RESIDENCE NO. 614 N. Linwood St. ST., WARD Laurel Md

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Colbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mississippi

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Bay View Hospital Baltimore

15 Filed 3 12 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1925, to 3-11, 1925, that I last saw him alive on 3-11, 1925, and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Gastro Intestinal Tuberculosis Sarcoma 2 mos - Laryngeal

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3-3-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Irvin L. Jenkins M. D.

3/12, 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burying Ground Anne Arundel Co Md

DATE OF BURIAL 3-15 1925

20 UNDERTAKER E. Wood V. Viola

ADDRESS Laurel Md

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96186

CERTIFICATE OF DEATH.

1925 D 96186

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Hospital 848-1 ST., (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lillian Michael

(a) RESIDENCE NO. 922 Bennett Place ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Michael

6 DATE OF BIRTH (month, day, and year) Jan 15 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	33	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore md.
(State or country)

PARENTS

10 NAME OF FATHER Edward B Griffin

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Groheny

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Joseph F. Michael
(Address) 922 Bennett Place

15 Filed 12 1925, 192 Robert P. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Larynx
Abdominis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jno Morrissey, M. D.
(Coroner.)

Mar 12, 1925 (Address) 2632 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 3-13-1925

20 UNDERTAKER H. Brauning Son — ADDRESS 511 Schroeder St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96187

CERTIFICATE OF DEATH.

B 96187

1-PLACE OF DEATH

City of BALTIMORE: (No.) 662 Portland St., 22-1 Ward. 29

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Tighe

(a) Residence No. 662 Portland St., 22 Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Johanna Tighe

6-DATE OF BIRTH (month, day and year) Jan 20-1876

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Police 161

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John B Tighe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Anna Mannin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. M. Bridges

(Address) 662 Portland St

15- Filed MAR 12 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 11-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 19 25 to Mar 10 19 25

that I last saw h.. alive on Mar 10 19 25

and that death occurred, on the date stated above, at 9 am m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas Boyd M. D.

, 19 (Address) 602 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem

DATE OF BURIAL, 3/14/25 19

20-UNDERTAKER. Geo Lemmon & Son

ADDRESS 647 W Pratt St

Instructions on back of Certificate.

Spec.–12-23-21—E.B.R.S.—400 Bks.

D 96188

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2640 Cowejo Ave St., 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Schley (Sr)

(a) Residence No. 2640 Cowejo Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Schley

6-DATE OF BIRTH (month, day and year) Jan 19. 1858

7-AGE. 67 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, John T. Schley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Frederick Md

12-MAIDEN NAME OF MOTHER, Sophia Allen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Frederick Md

11- (Informant) Mrs Mary L. Schley

(Address) 2640 Cowejo Ave

13- Filed APR 7 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 11. 1925

17- I HEREBY CERTIFY, That I attended deceased from March 10 19 24 to March 11 19 25

that I last saw him alive on March 11 19 25

and that death occurred, on the date stated above, at 12 5/10 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis - Pneumonia

Hemorrhage into Ventricle

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. H. Berkeley, M. D.

, 19 (Address) 126 W Baltimore

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Mary's Cem Kensington	Mar 14, 1925
20-UNDERTAKER. Jos Sanders Son	ADDRESS 2178 Penn

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96189 D 96189

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Inf 6-117 Registered No.....

City of BALTIMORE: (No. Broadway & Fairmount St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Isabel Nicholas

(a) Residence No. 303 E. St Sparrows Point Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, ~~Married~~ ~~Widowed~~ ~~Divorced~~ (Write the word.) SINGLE

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 10. 1909

7-AGE. 15 yrs. 3 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ala.

PARENTS

10-NAME OF FATHER, William H. Nicholas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ala

12-MAIDEN NAME OF MOTHER, Alice Brownfield

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), La.

14- (Informant) Alice Karney (mother)

(Address) 303 E. St. Sparrows Point, Md.

15- Filed Dec 12 1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch. 11. 1925

17- I HEREBY CERTIFY, That I attended deceased from March 8 1925 to March 11 1925

that I last saw h.r alive on March 11 1925

and that death occurred, on the date stated above, at 3:01 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis Streptococcus

probably from acute pharyngitis

(Duration) yrs. mos. 5 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 8 1925

Was there an autopsy? yes

What test confirmed diagnosis? Cultures

(Signed) George B Buell M. D

, 19 (Address) Church Home & Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	Mch. 13. 1925
20-UNDERTAKER, H Eshpeter Rev. Milton N Hoover	ADDRESS 424 N. Briy.

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

D 96190

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 96190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 18-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gilbert Silberman

(a) RESIDENCE NO. 830 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 28-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Morris Silberman

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Annie Levin

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Mrs. A. Silberman
(Address) 2432 E. Pearl Ave.

15 Filed ....., 19 ..... Registrar

MAR 13 1925 ROBERT R. KRAETER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1925

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1925, to March 12, 1925, that I last saw h(er) alive on March 12, 1925 and that death occurred, on the date stated above, at 3:30 p m.

The CAUSE OF DEATH* was as follows:

Primary Broncho-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clin. & Lab

(Signed) Samuel R. Siegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 3/13 1925

20 UNDERTAKER Jack Lewis — ADDRESS 1459 E Balto

TION is very important. See instructions on back of certificates.

Spec. 7-10-24—M&T—1500 Bks.

D 96191

HEALTH DEPARTMENT—CITY OF BALTIMORE, 001

CERTIFICATE OF DEATH.

101 D 96191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital 3-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Goldberg

(a) RESIDENCE NO. 909 Granby ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Abraham Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena Venick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Municipal Hospital Records
(Address)

MAR 13 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to March 11, 1925,

that I last saw him alive on March 11, 1925

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocardial failure - acute

(duration) yrs. mos, 1 hr ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W L Miller, M. D.

3/12/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrn Ave

DATE OF BURIAL 3/16 1925

20 UNDERTAKER Jack Levin

ADDRESS 1109 E Balt

TION is very important. See instructions on back of certificates. ... may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96192

CERTIFICATE OF DEATH.

38 D 96192

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1354 Carroll ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Olds

(a) RESIDENCE No. 1354 Carroll ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Widow

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Harry Olds.

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary S. Banks

(Address) 1354 Carroll St.

15 Filed MAR 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/7/ 1925, to 3/10/ 1925, that I last saw her alive on 3/10/ 1925, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

about (duration) 1 year yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac - Sclerosis

(duration) about 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) J. Gurley, M. D.

3/11/ 1925 (Address) 908 Sharp Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 3-14-25

20 UNDERTAKER Dunn Eaglin & Co — ADDRESS 14 W

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96193

CERTIFICATE OF DEATH.

179 96193

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 W Lee ST., 22 - (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Frazer

(a) RESIDENCE No. 619 W Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw Frazer

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE Years 47 Months Days If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ben Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dorkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Clarence Frazer

(Address) 619 W Lee St

15 Filed MAR 13 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12- 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-7-, 1925, to 3-11-, 1925, that I last saw h[illegible] alive on 3-11-, 1925, and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary) Scaldon leg 3 days

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Davis M. D.

, 19 (Address) 627 Mosher Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 3-14-1925

20 UNDERTAKER Dan Kaplan — ADDRESS 916 Lanvale

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96194

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96194

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hosp. Registered No. 101-901

City of BALTIMORE: (No. 33 o Calvert St. St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Donald Grofflin

(a) Residence No. 207 E. North Ave. St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? 45 yrs. 9 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) June 8, 1879

7-AGE,	If LESS than 1 day,
45 yrs. 9 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Paper 004

(c) Name of employer Whitaker Paper Co.

9-BIRTHPLACE (city or town) Balto., Md. (State or Country),

PARENTS.

10-NAME OF FATHER, George W. Grofflin Jr.

11-BIRTHPLACE OF FATHER (city or town) Virginia (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Wright

13-BIRTHPLACE OF MOTHER (city or town) Ohio (State or Country),

14- (Informant) Miss Sarah Grofflin

(Address) 207 E. North Ave.

15- MAR 13 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 8, 1925 to March 11, 1925

that I last saw him alive on March 11, 1925

and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 207 E. North Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Raymond F. Johnston M. D

, 19 (Address) Union Memorial Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL. Mar 13 1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96195

CERTIFICATE OF DEATH.

90

D 96195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., No-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Pfeiffer

(a) RESIDENCE NO. Bay View ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Pfeiffer

6 DATE OF BIRTH (month, day, and year) 1849 May 28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76 yr.	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cementer 83

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chris. Pfeiffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

MAR 13 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1925

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1925, to March 8, 1925, that I last saw him alive on March 8, 1925 and that death occurred, on the date stated above, at 2:15 P m

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic Myocarditis (degenerative) Myocarchial insufficiency

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. R. Miller, M. D.

3/8/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Lutheran Cemetery

DATE OF BURIAL March 13 1925

20 UNDERTAKER Fred Lassahn Sons

ADDRESS Fullerton

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96196

CERTIFICATE OF DEATH.

90 V

D 96196

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 223 Richmond ST.; 11-B WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Gardiner

(Residence in Baltimore: No. 223 Richmond St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. (Month) 12 (Day), 1881 (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Rebecca Green

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte Howard

(Address) 223 Richmond St.

15- MAR 13 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 10 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/7 1925, to Sept 10 1925, that I saw her alive on Sept 10 1925, and that death occurred, on the date stated above, at 4, 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

Chronic myocarditis,

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. H. Hamstein M. D.

3/12, 1925 (Address) 733 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, March 13, 1925

20-UNDERTAKER Jos. J. G. Locks ADDRESS 1302 Jefferson St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 96197

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St., 10-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary E. Gordon,

(a) Residence No. Preston & Valley Sts., St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 4 July 1854

7-AGE. 70 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Martin Gordon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Stevens. Black

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant). Sister Florence

(Address). Preston & Wolfe Sts.

15-

MAR 13 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 12 25

17- I HEREBY CERTIFY, That I attended deceased from No record, 19, to, 19,

that I last saw h. Sr. alive on, 19,

and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplectic convulsion 2 hours

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Warner, M. D.

12, 1925 (Address) 1533 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cemetery	March 14, 1925
20-UNDERTAKER.	ADDRESS
W. J. O'Meara & Son	805 N. Eutaw St.

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96198

CERTIFICATE OF DEATH.

90 D 96198

1-PLACE OF DEATH

City of BALTIMORE: (No. 1317 Argyle Ave St., 17-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah R. Henson

(a) Residence No. 1317 Argyle Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Wd

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Henson

6-DATE OF BIRTH (month, day and year) Feb. 28-1866

7-AGE. 59 yrs. — mos. 11 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Harry Reynolds

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Arthur B. Simms
(Address) 1317 Argyle Ave.

15- MAR 13 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 11-1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1925 to Mar 11 1925 that I last saw her alive on Mar 8 1925 and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Cystic mastitis

(Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) None

(Duration) — yrs. — mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. N. Pelletreau M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Mar. 14th 1925

20-UNDERTAKER. Jno. M. Johnson

ADDRESS 1509 Druid Hill Ave.

Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96199

CERTIFICATE OF DEATH.

179 D 96199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 1-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Grancki

(a) RESIDENCE No. 2220 Cambridge St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
none

6 DATE OF BIRTH (month, day, and year) April 8-23

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Grancki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John Grancki
(Address) 2220 Cambridge St

15 Filed MAR 13 1925 192... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive Skin Burns

(Accidental-fell into tub of hot water) (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

(Signed) Jos. H. Walter, M. D.
(Coroner.)

3-13-25, 192 (Address) 508 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	March 15 192...
20 UNDERTAKER G. W. Ozazewski	ADDRESS Fulton

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96200

CERTIFICATE OF DEATH.

D 96200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 Hawthorne Road ST., 7-6 WARD)

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard O. Price

(a) RESIDENCE NO. 509 Hawthorne Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Harrison Price

6 DATE OF BIRTH (month, day, and year) Apr 30 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	49	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Merchant

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard W. Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Callie Heald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Margaret H. Price 509 Hawthorne

15 MAR 13 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 11 1925

17 I HEREBY CERTIFY, That I attended deceased from —, 1923, to Mch 11, 1925, that I last saw h alive on Mch 11, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

ANGINA PECTORIS

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Foxsey M. D.

, 19 (Address) 1129 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Mch 13 1925

20 UNDERTAKER — ADDRESS John Ortwein 1206 W. Fayette

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- [illegible] may be properly classified.

Spec.—6-8-19—H. P. Co.—1000 Bks.

D 96201

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00

D 96201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1830 Byrd St. 24-2 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. Kammer

(a) RESIDENCE, No. 1830 Byrd St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 8 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Koontz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Cecilia Kammer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Cecilia Kammer

(Address) 1830 Byrd St

15 MAR 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 9, 1925, to Mar 11, 1925

that I last saw h— alive on Mar 11, 1925

and that death occurred, on the date stated above, at 8-10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Primary) (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. E. Campbell M. D.

Mar 12, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Brooklyn	3/13 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E Main

This is very important. See instructions on back of certificates. Label statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96202

CERTIFICATE OF DEATH.

D 96202

1-PLACE OF DEATH

City of BALTIMORE: (No. 2306 Allendale Rd St., 15-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morton Allen Sanberger

(a) Residence No. 2306 Allendale Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male ~~Female~~

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug 19 20

7-AGE. 4 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None - Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Sydney Sanberger

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Sallie Sample

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Sydney Sanberger

(Address) 2306 Allendale Rd

15- MAR 13 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 12 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 6, 1923, to March 12, 1925 that I last saw him alive on March 12, 1925, and that death occurred, on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:

Sarcoma of Kidney (Left)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritoneal & Retroperitoneal Metastasis — (Duration) 1 yrs. 6 mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of March 1923

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam

(Signed) Louis P. Hamburger M. D.

March 12 1925 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Pikesville Cemetery — DATE OF BURIAL, March 13, 1925

20-UNDERTAKER, J. Amos & Co — ADDRESS 3314 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96203

90

D 96203

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 S. Charles ST., 23-1 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Pfaff

(a) RESIDENCE NO. 1210 S. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Pfaff

6 DATE OF BIRTH (month, day, and year) Feb. 5, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Himself.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Pfaff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Minnie Krauch

(Address) 1210 S. Charles St.

15 Filed MAR 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31st 1925 to March 10th 1925, that I last saw him alive on March 9th 1925, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis, bronchial asthma and aortic regurgitation of heart

(duration) 1 yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) Immediate yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Medlock M. D.

3/13, 1925 (Address) 1524 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 13 1925
20 UNDERTAKER	ADDRESS
F. A. Krause & Son	703 Hanover St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ... be properly classified.

Spec.—1-10-21 M&T 1500 Blks.

D 96204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 ✓ D 96204

REGISTERED NO.

1-PLACE OF DEATH Mt Royal Apt.

CITY OF BALTIMORE: (No. Calvert & Mt Royal Ave ST., 11 WARD) — 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gwinn Page

(a) RESIDENCE No. Calvert & Mt Royal Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 week yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of George Prest Page

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
About	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Richard Gwinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr George Prest Page

(Address) Mt Royal Ave

15 Filed MAR 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1925

17 I HEREBY CERTIFY, That I attended deceased from —, 1923, to MARCH 12, 1925, that I last saw her alive on MARCH 12, 1925, and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

ANGINA PECTORIS

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) SEN ARTERIOSCLEROSIS-HYPERTEN-

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Dorsey, M. D.

, 19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Thomas Garrison Tarr	March 14 1925
20 UNDERTAKER	ADDRESS
Henry W Jenkins Sons	Richard & Eutaw Sts

IMPORTANT is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

17985-2 B 96205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 B 96205

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST., 14-1 WARD)

2-FULL NAME Lely de Collins

(a) RESIDENCE NO. 530 Strieker St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Noah Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Nethi Dishaze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant Records

(Address) John Hopkins Hosp.

15 MAR 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 24 1925 to March 12 1925;

that I last saw him alive on March 12 1925;

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Tetany

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood chemistry

(Signed) W. Scott M. D.

3-17 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville Va

DATE OF BURIAL mar. 18 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1681 orleans st

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ... may be properly classified.

Cor.—1-12-23—M&T—100 Bks.

D 96206

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96206

CERTIFICATE OF DEATH.

6-1 56

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Richardson

(a) RESIDENCE NO. 402 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept 17-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clara Giles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Clara Richardson, (mother)
(Address) 402 N Dallas St

15 Filed MAR 13 1925, 192 ROBERT P. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetany- Ricketts

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Cullen, M. D. (Coroner.)

3-12-25, 192 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
laurel cemetery	mar. 13 1925
20 UNDERTAKER Edward Bryan	ADDRESS 631 orleans st

...OUT BACK OF certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

179185 D 96207 D 96207

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 10-2 WARD)

REGISTERED NO. 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Armetta

(a) RESIDENCE NO. 1238 E. Eager St. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25 1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
?	13	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) ..... do

(c) Name of employer ..... do

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Armetta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Costantino

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alexandria La

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed MAR 13 1925 19 ROBERT A. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1925, to March 12, 1925, that I last saw her alive on March 12, 1925, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria; laryngeal, & nasal

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Culture

(Signed) Walter B. Stewart M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	3/13 1925
20 UNDERTAKER George J. Ruth	ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified.

Spec. 1-10-21 M&T 1500 Bks.

D 96208

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002 D 96208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1216 W. Fayette ST., 18-V (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate A Craig

(a) RESIDENCE NO. 1216 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Oliver B. Craig

6 DATE OF BIRTH (month, day, and year): July 20-1847

7 AGE: Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Geo. C. Franck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Mary Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Stanley Craig

(Address) 1216 W. Fayette St

15 Filed MAR 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to March 12, 1925, that I last saw h[illegible] alive on March 12, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cappelary Bronchitis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Age.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Evans M. D.

, 19 (Address) 101 N. Carey.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem Mch 14 | DATE OF BURIAL 1925

20 UNDERTAKER: Chas. E. Franck | ADDRESS 802 Madison Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96209 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96209

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elsie Louise Voight

(a) Residence No. 5428 Park Heights Ave St., Ward

(Usual place of Abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/21/18

7-AGE.	If LESS than 1 day,
7 yrs. 1 mos. 19 ds.	hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry A Voight

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Hattie Voight

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Henry A. Voight

(Address) 5428 Parkheights Ave

15- Filed MAR 13 1925 ROBERT R. KRAUTER, Register. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-10-25

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 19 25 to March 10 19 25

that I last saw h. alive on March 10 19 25

and that death occurred, on the date stated above, at 10:25 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis (Pneumococcic)

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home (?)

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Chewell Howell, M. D.

, 19 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	March 14 1925
20-UNDERTAKER.	ADDRESS
Martin Fahrendorf	1811 W North Ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

D 96210 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96210

CERTIFICATE OF DEATH. 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Fowler

(a) RESIDENCE NO. 803 Sarah Ann ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE: 43 yr. (Years / Months / Days / If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Loyd Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Isabell Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Municipal Hosp. Records (Address)

15 Filed MAR 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10 1925 to March 12 1925

that I last saw him alive on March 12 1925

and that death occurred, on the date stated above, at 3:30 A m

The CAUSE OF DEATH* was as follows:

Syphilis, Syphilitic aortitis

aortic insufficiency, Myocardial insufficiency

(duration) yrs. 9 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy

(Signed) W.L. Miller M. D.

3/13/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 3-14-25

20 UNDERTAKER: Daniel Caplan

ADDRESS: Pratt

TION is very important. See instructions on b... may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

D 96211 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1306 Bruce St. (Ward) 15-13

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Jones

(a) RESIDENCE NO. 1306 Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Esther Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 NAME OF MOTHER Eddie Woodson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Eddie Woodson 1306 Bruce St

15 Filed MAR 13 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/10, 1925, to 3/12, 1925, that I last saw h alive on 3/12, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

5 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis 5 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W R Boykin M. D.

, 19 (Address) 1618 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Md

DATE OF BURIAL 3-13 1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Eutaw

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

K·S·A·E·T

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96212

CERTIFICATE OF DEATH.

118-002

118 D 96212

REGISTERED NO.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No.) Municipal Hospitals ST. Dispensaire

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Filippo Ronozzi

(a) RESIDENCE NO. 1119 Hartman ST., WARD

(Usual place of abode) 1118 E. Monument W.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joe Ronozzi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Bay View Hosp Records

15 MAR 13 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 12 1925

17

I HEREBY CERTIFY, That I attended deceased from 2 24, 1925, to 3-12, 1925, that I last saw h[illegible] alive on 3-12, 1925 and that death occurred, on the date stated above, at 3 00 a m.

The CAUSE OF DEATH* was as follows:

Atonic Intestinal Obstruction

(Dynamic Ileus)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bilateral Inguinal Hernia

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2 26 25

Was there an autopsy? No

What test confirmed diagnosis? Stained Pathology

(Signed) Amos Pearson, M. D.

3/17, 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery

DATE OF BURIAL 3/14 1925

20 UNDERTAKER William Cook

ADDRESS 502 E Wood

TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

D.96213

HEALTH DEPARTMENT—CITY OF BALTIMORE

D.96213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 606 Parkin St. 21-3 WARD)

REGISTERED NO. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Lerch

(a) RESIDENCE NO. 606 Parkin St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 1st 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Conrad Lerch

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Henriette Richer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mollie Mohr
(Address) 737 E. Preston St

15 Filed ..., 192... Robert P. Harrison, Registrar

R 13 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Asphyxiation by submersion in water

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Horton, M. D.

March 13 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Accidental

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 15 1925

20 UNDERTAKER F. A. Krause & Son ADDRESS 7037 Hamilton Ave

TION is very important See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

D 96214

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 350 N. Gay St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie J. Trumbo

(a) Residence No. 350 N. Gay St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo L. Trumbo

6-DATE OF BIRTH (month, day and year) Dec 3-1873

7-AGE 51 yrs. 3 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Balto. Md.

PARENTS:

10-NAME OF FATHER George Fiske

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14-

(Informant) Geo. L. Trumbo

(Address) 350 N. Gay St.

15-

MAR 13 1925

GERTI R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 10-1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 10, 1924, to Mch 10, 1925, that I last saw her alive on Mch 9, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

1 Carcinoma of Stomach

(Duration) 6 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 13/25

Was there an autopsy? No

What test confirmed diagnosis? Exploration

(Signed) Edgar Murray M. D.

Mch 13 1925 (Address) 1517 Edmondson Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery DATE OF BURIAL, 3/14 1925

20-UNDERTAKER: Chas. T. Howe & Son ADDRESS 1130 North Eutaw Ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96215

CERTIFICATE OF DEATH.

38 D 96215

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Southard

(a) RESIDENCE NO. 810 Belnord Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Southard

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Factory work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Southard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Barbara Huhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Bay View Hospital Baltimore, Md.

15 Filed ..... 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from February 10 1925 to March 11, 1925, that I last saw him alive on March 11, 1925 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Serological findings

(Signed) H. Goodsmith, M. D.

3/12/1925 (Address) Bay View Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Mar 15 1925

20 UNDERTAKER Peter Nicolaus

ADDRESS 1060 Eastern Ave

TION is very important. See instructions on back of certificates.

...may be properly classified. Exact statement of OCCUPA-

D 96216

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96216

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 821 Edmonson Ave. 17 - W ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby White

(Residence in Baltimore: No. 821 Edmonson Ave St.; yrs. 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	Sing'l

6-DATE OF BIRTH. December 25, 1922
(Month) (Day) (Year)

7-AGE. yrs. 2 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. boy
(b) General nature of industry, business, or establishment in which employed (or employer). [illegible]

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Robt Jones

11-BIRTHPLACE OF FATHER, (State or Country). Richmond Va.

12-MAIDEN NAME OF MOTHER. Eva White

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva White

(Address) 821 Edmonson Ave

15- Filed MAR 13 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 11, 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. T. [illegible] M. D.
(Coroner)

Dated March 12 1925 (Address) 503 Edmonson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL. 19

20-UNDERTAKER. City Board of Health.

ADDRESS MAR 13 1925

Reg. No. 2 record.

Very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14-001 D 96217

1-PLACE OF DEATH

City of BALTIMORE: (No. 2037 N. Calvert St., 12 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert F. Van Demiller

(a) Residence No. 2037 N. Calvert St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Van Demiller

6-DATE OF BIRTH (month, day and year) Oct 22 1849

7-AGE. 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER. Geo Van Demiller

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Penn

12-MAIDEN NAME OF MOTHER. Margt Bernard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14-

(Informant) Alice Van Demiller

(Address) 2037 N Calvert St.

15-

Filed ..... 1925 Robert P. Harrison, Registrar.

13 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 13-25

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1925 to Mar 13 1925

that I last saw him alive on Mar 12. 1925

and that death occurred, on the date stated above, at 1 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. mos. ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) W. F. Rehmeyer, M. D.

, 19 (Address) 2405 N. Calvert St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral DATE OF BURIAL. March 16/25

20-UNDERTAKER. E. A. Windsor ADDRESS 501 E 22 St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96218

B 96218

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 East Balto St. 6-3 WARD)

2-FULL NAME Roy Gilmore McKinney Jr.

(a) RESIDENCE NO. 3000 East Balto St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child.

6 DATE OF BIRTH (month, day, and year) Oct. 23, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City.

PARENTS

10 NAME OF FATHER Roy Gilmore McKinney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Martha L. Mort.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Roy. Gilmore McKinney (Address) 3000 E. Balto St.

15 3 1925 Robert P. Harrison, Registrar

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13 25

17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 1925, to Mar 13, 1925, that I last saw him alive on Mar 12, 1925, and that death occurred, on the date stated above, at 8 AM

The CAUSE OF DEATH* was as follows:

Enteritis.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Gusley, M. D.

, 19 (Address) 2438 E. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park. DATE OF BURIAL March 14, 1925

20 UNDERTAKER John F. Moran ADDRESS 3000 E. Balto St

TION is very important. See instructions on back of certificates.

D 96219 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96219

CERTIFICATE OF DEATH.

1-PLACE OF DEATH In Harbor Ft Canton on Schooner Kirwan

City of BALTIMORE: (No. 76 – 8 St., Ward) Registered No. C 197

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bonnel alias Wallace

(Residence in Baltimore: No. 172 Chesnut St Annapolis Md St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. ..... (Month) ..... (Day) ..... (Year)

7-AGE. About 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Sailor
(b) General nature of industry, business, or establishment in which employed (or employer). Oyster Schooner

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob D. Harris

(Address) Annapolis Md.

15-

Filed MAR 13 1925

Robert P. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 11 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound in abdomen puncturing Abdominal Aorta & Vena Cava Homicide

(Duration) yrs. Instantly mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. Instantly mos. ds.

(Signed) James M. Fenton (Coroner.) M. D.

Mar. 13 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Beaver Hill Cem	March 13 1925

20-UNDERTAKER.	ADDRESS
Joseph D. Hammond	Annapolis Md.

Sec. 2. Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Maud A. Klein

D 96220

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96220

CERTIFICATE OF DEATH.

65 09 12

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Gibbons Ave ST.; 27 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud L. Klein

(Residence in Baltimore: No. 107 Gibbons Ave. St.; 50 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX.~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 7 (Day) 1870 (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (Cook)
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, John L. McComas

11-BIRTHPLACE OF FATHER (State or Country) Harford Co.

12-MAIDEN NAME OF MOTHER, Mary Raymond

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M Klein

(Address) 107 Gibbons ave

15- Filed JAN 13 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1924, to March 12 1925, that I saw her alive on March 12 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Contributory

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. 2 mos. ds.

(Signed) G. G. Shaw M. D.

Jan 13, 1925 (Address) 516 Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Park Wood Cem — DATE OF BURIAL, March 14, 1925

UNDERTAKER Pell & Sumner — ADDRESS 1442 N Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96221

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96221

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1203 Mosher St., 16-6 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Moylan

(a) Residence No. 1203 Mosher St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Widowed.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): 1856

7-AGE: 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS:

10-NAME OF FATHER: Michael Sheehan

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Fitzgerald

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant) Margaret Eastman

(Address) 1203 Mosher

15- Filed MAR 13 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 12 25

17- I HEREBY CERTIFY, That I attended deceased from March 9 1925 to March 12 1925

that I last saw her alive on March 12 1925

and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas P Chamberlain M. D.

3413. 1925 (Address) 1504 McCulloh

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudenschlager	March 14 1925
20-UNDERTAKER	ADDRESS
Martin Fahey Son	1827 W North

Instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

D 96222

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96222

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 39 N. Bruce ST. 19-1 WARD) 185

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorie Campbell

(a) RESIDENCE NO. 39 N. Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col'd	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	10	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Norman Campbell

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Lucille Aycock

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Norman Campbell
(Address) 39 N. Bruce St

15 Filed 13 1925, 192
Robert P. Harrison,
Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to her death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion Brain

accident by fall (duration) yrs. mos. 37 hours ds. out of Chair

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner)

March 13th, 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3-14 1925
20 UNDERTAKER Daniel Carroll	ADDRESS 916 Cal

Cor.—1-12-23—M&T—100 Blks.

D 96223

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96223

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 8-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Joseph Franz

(a) RESIDENCE NO. 1848 N. Chester St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minerva Franz

6 DATE OF BIRTH (month, day, and year) April 29-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pipe Fitter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Md. Dry Docks

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph C. Franz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabeth Rittner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Minerva Franz
(Address) 1848 N. Chester St.

15 Filed 3 13 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive Skin Burns

Accidental-clothing caught from gas jet while (working in cellar) ... hrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Ailes, M. D. (Coroner.)

3-13-25, 192 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL 3/13 1925

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96224

CERTIFICATE OF DEATH.

101-06 D 96224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S. Charles Street. ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Wheltle.

(a) RESIDENCE No 523 S. Charles Street. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------.

6 DATE OF BIRTH (month, day, and year) July 24, 1891.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Teamster. 023
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William H. Wheltle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Catherine Hutton.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant William H. Wheltle. (father).
(Address) 2918 Clifton Ave.

15 FEB 13 1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 192 5.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

March 12, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Mar. 14 1925
20 UNDERTAKER Margaret G. Fagan	ADDRESS 1422 Light St.

Spec.—1-10-21—M&T—1500 Bks.

D 96225

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96225

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH West Balt. Synod Hospital

CITY OF BALTIMORE: (No.) Raymond & Dukeland (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David H Whiteley Jr

(a) RESIDENCE NO. 1 East Glen Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of F. Gertrude Whiteley

6 DATE OF BIRTH (month, day, and year) April 6 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 613

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER David H Whiteley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Earl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant F. Gertrude Whiteley

(Address) 1 E Glen Ave

15 Filed MAR 13 1925 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17

I HEREBY CERTIFY, That I attended deceased from March 8 1925 to March 13 1925

that I last saw h[illegible] alive on March 13 1925

and that death occurred, on the date stated above, at 3.25 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (Autopsy)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Dr. J Thom Tilson M. D.

19 (Address) 1501 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL MAR 15 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 1330 EDMONDSON AVE.

IMPORTANT is very important. See instructions on back of certificates. Exact statement of property classified. Occupation

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96226

D 96226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1415 Ramsay ST., 19-2-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Dable Jr

(a) RESIDENCE NO. 1915 Ramsay ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life' mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

TION is very important. See instructions on back of certificates. ...may be properly classified. Exact statement of OCCU...

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Dable

6 DATE OF BIRTH (month, day, and year) Dec 20 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	49 Years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakesman

(b) General nature of industry, business, or establishment in which employed (or employer) 078

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm L Dable

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER C Lucy Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Bertha C. Dable

(Address) 1415 Ramsay

15 Filed MAR 13 1925, 19

Robert P. Harrison,

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 17 1924 to March 10 1925

that I last saw h alive on March 10, 1925,

and that death occurred, on the date stated above, at 11.50 A m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

2

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Theo Koerner, M. D.

(Address) 1900 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harry H Weitzke 531	3/14/20 19
20 UNDERTAKER	ADDRESS
Lorraine Cemetery	W Lombard

HEALTH DEPARTMENT—CITY OF BALTIMORE

96227 — 96227

CERTIFICATE OF DEATH.

REGISTERED No. C 14 38 — 2

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher J Gap

(Residence in Baltimore: No. 1500 Linden ave. St. 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 30, 1885
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer): Ah

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jno J Cox

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Muldunney

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Cox

(Address) 1500 Linden ave

15- Robert P. Harrison,

Filed ....., 191.....

14 1925 Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Terminal

Alcoholism

Duration for Terminal (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) yrs. mos. ds.

(Signed) M. D.
(Coroner.)

March 13 1925 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Richmond Va	3-14, 1925

20-UNDERTAKER E & B Harle ADDRESS 115 E Ex

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—1-10-21—M&T—1500 Bks.

D 96228

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96228

CERTIFICATE OF DEATH.

25 Brooklyn 29

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 9 ½ ST., Brooklyn WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Neff

(a) RESIDENCE NO. 9 ½ ST., Brooklyn WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Neff

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 72 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or estsblishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger —

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John Neff - Son

(Address)

15 Filed ....., 19.... Robert F. Harrison, Registrar

14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 9, 1925, to Mch 13, 1925.

that I last saw h alive on Mar 13, 1925

and that death occurred, on the date stated above, at 4-30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Ex Lovelace

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas W Brooke, M. D.

, 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross AA Co — DATE OF BURIAL: 3-16 1925

20 UNDERTAKER: E & B Hall — ADDRESS: 1158 E Balto St

TION is very important. See instructions on back of certificate may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

D 96229

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96229

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Bay View Asylum 17 WARD)

REGISTERED NO. 17-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Fisher

(a) RESIDENCE No. 520 W Preston Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Black.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Daniel Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane (unknown).

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records—
(Address) Bay View Hospital.

15 14 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 11, 1925, to March 10, 1925.

that I last saw him alive on March 10, 1925

and that death occurred, on the date stated above, at 10 40 m.

The CAUSE OF DEATH* was as follows:

Prolapsus of Right Kidney

(duration) ? yrs. ? mos. ? ds.

(Contributory) Terminal Bronchopneumonia

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Jno P. Campagna Jr, M. D.

Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Mch 14 1925
20 UNDERTAKER John H. Toadvine	ADDRESS 1027 Hanover St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 96230

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96230

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Winter ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Taylor

(a) RESIDENCE NO. 122 Winter ST., 23 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Shucker

(b) General nature of industry, business, or establishment in which employed (or employer) Oc

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Murriday

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Isabella Jefferson

(Address) 208 N. Calhoun St

15 Filed MAR 14 1925, 19 ROBERT [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/1925

17 I HEREBY CERTIFY, That I attended deceased from 3/7/, 1925, to 3/11/, 1925,

that I last saw him alive on 3/11/, 1925,

and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Empyemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at work

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) W. Jr. Bishop M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Mar 14 1925
20 UNDERTAKER John [illegible] Sanders	ADDRESS 102 [illegible] St

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96231

CERTIFICATE OF DEATH.

1 PLACE OF DEATH
CITY OF BALTIMORE (No. N. Mount St. ST., near Bento 19 WARD) — 188

REGISTERED No. D 96231
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Culotta

(a) RESIDENCE No. 1620 N. Bento ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 22/1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Salvador Culotta

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Rosaria Fonte

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Marion Culotta
(Address) 1732 Harlem Ave

15 Filed MAR 14 1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull
Run over by Truck owned by Stewart & Co. Howard & Lexington
Driver John Mc Smith
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Fell Cor. Gough & Monument St.
(Duration) yrs. mos. ds.

(Signed) Thos B. Horton, M. D.
(Coroner.)
Mch 13, 1925 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	March 14 1925
20 UNDERTAKER	ADDRESS
Frank V. Pistone	1800 E. 32 St

TION is very important. See instructions on back of certificate. Exact statement of OC

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 96232

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96232

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N Lafayette ave ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Jones

(a) RESIDENCE. No. 707 N. Lafayette ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 64 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER unk Hasheldt

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant (Address) Jacob Jones 707 N Lafayette ave

15 Filed , 19 Robert P. Harrison, Registrar

4 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 4th, 1925, to March 10th 1925, that I last saw h[illegible] alive on March 10th, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(acute)

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chas. J. Keller, M. D.

, 19 (Address) 22 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salisbury Md

DATE OF BURIAL Mch 14 1925

20 UNDERTAKER John W. Frazier

ADDRESS 1027 Druid Hill ave

THIS IS very important. See instructions on back of certificates.

Spec- 12-23-21- E.B.R.S.-400 Blks.

D 96233

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 96233

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1712 Hanover St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frany X Bremmer

(a) Residence No. 1712 Hanover St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Bremmer

6-DATE OF BIRTH (month, day and year) Dec 17 1845

7-AGE. 79 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): - -

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Bremmer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mary Heying

(Address) 1712 Hanover St.

15-

Filed ..... 192 ..... Robert P. Harrison, Registrar.

1 4 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 12 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 11 1925 to Mar 12 25

that I last saw h[illegible] alive on Mar 12 19 25

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite

(Duration) ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) W. R. Campbell M. D.

Mar 12 19 25 (Address) 1644 Hanover St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem. An. Rd.	Mar. 14 19 1925
20-UNDERTAKER,	ADDRESS
F. A Krause	703 S. Hanover st

INSTRUCTIONS ON BACK OF CERTIFICATES.

Cor.—1-12-23—M&T—100 Blks.

D 96234

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96234

CERTIFICATE OF DEATH.

22-24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST.; 22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Johnson.(C).

(a) RESIDENCE NO. 38 E. Church St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Married.

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Annie Johnson (C).

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 60		--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Scowman.

(c) Name of employer A.J.Harper Coal Co.

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Annie Johnson.(C)(wife).

(Address) 38 E.Church Street.

15 Filed ..... 192 Robert P. Harrison, Registrar

1 4 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis.

Cerebral Hemorrhage.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt, M. D. (Coroner.)

March 11, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? On scow at Sparrows Point. March 10th, 1925.

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn ct — DATE OF BURIAL March 13 1925

20 UNDERTAKER S. W. Brown & Son — ADDRESS 108 N. Monte-st

Spec.—1-10-21 M&T 1500 Blks.

D 96235

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96235

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 8-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul T. Fang.

(a) RESIDENCE NO. 2504 E. Federal ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 1st 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Draw Man for 003

(b) General nature of industry, business, or establishment in which employed (or employer) National Biscuit Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph T. Fang

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Lena T. Allen

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mrs. Joseph T. Fang
(Address) 2504 E. Federal St

15 FEB 14 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17

I HEREBY CERTIFY, That I attended deceased from March 9. 1925. to March. 13. 1925.

that I last saw him alive on March 13. 1925.

and that death occurred, on the date stated above, at 9.15 p. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis.

* General peritonitis.

Cobar (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Mar. 10. 1925

Was there an autopsy? no.

What test confirmed diagnosis? Operation.

(Signed) M Edwards. M. D.

. 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Mar 17 1925
20 UNDERTAKER	ADDRESS
Henry Storch Son	1501 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

Spec– 12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-001

D 96236

CERTIFICATE OF DEATH.

D 96236

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1413 N. Chester St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry Frank

(a) Residence No. 1413 N. Chester St., Ward.....

(Usual place of abode) same (If non-residents give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND ~~of (or) WIFE~~ of the late Emigmida Frank

6-DATE OF BIRTH (month, day and year) Feb. 2nd 1848

7-AGE. 77 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer)..... Shoe maker

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Not known

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Not known

14- (Informant) Mr. George Frank

(Address) 1413 N. Chester St.

15- Robert P. Harrison,

Filed..... 192.....

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) August 12 1925

17- I HEREBY CERTIFY, That I attended deceased from March 11 19 25 to March 17 19 25

That I last saw h. alive on March 17th 19 25

and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Asthma

(Duration) ... yrs. ... mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. D. Lerner M. D.

19- Address 1401 E. Eager St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer, Cemetery	March 14..., 1925
20-UNDERTAKER.	**ADDRESS**
Henry Hoerle Son	1301 E. Eager St.

INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96237

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

D 96237

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Amanda Toop

(a) Residence No.... Preston St. Alley ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) X

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, about 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Abel Toop

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) Sister Superior

(Address) Preston St Alley

15- Filed JAN 14 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 13/25

17- I HEREBY CERTIFY, That I attended deceased from Natural, 19..., to ..., 19...,

that I last saw h.. alive on Jan 12, 1925,

and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis

Unknown (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..yrs. ..mos. ..ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Jan 14 (Signed) F. A. Warner, M. D.

13, 19 25 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral — DATE OF BURIAL, Jan 15, 19 25

20-UNDERTAKER, W. C. Medford — ADDRESS 1124 Eutaw Pl

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96238

CERTIFICATE OF DEATH.

100-001

D 96238

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Bay View Asylum ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lee

(a) RESIDENCE No. 1739 Druid Hill Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Hospital Records (Address) Bay View Hospital

15 Filed 4 1925, 19.. Registrar Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-1925

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1925, to March 13, 1925, that I last saw him alive on March 13, 1925 and that death occurred, on the date stated above, at 8:00 a. m.

The CAUSE OF DEATH* was as follows:

Extensive Senile ulceration of both legs. (Not diabetic).

(duration) 10? yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2, ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab tests

(Signed) Dr. F. Champe Jr. M. D.

Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	March 16th 1925
20 UNDERTAKER	ADDRESS
Lorenz Loewright	36 Pitcairn

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified.

Spec.—1-10-21—M&T—1500 Blks.

D 96239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96239

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Jefferson ST., 5-2 WARD)

2-FULL NAME Oscar Heran

(a) RESIDENCE No. 1402 Jefferson ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE colloud

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Heran

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Somerset Co Md
(State or country)

PARENTS

10 NAME OF FATHER James Heran

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Annie Barbie

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Annie Haran
(Address) 1402 Jefferson St

15 Filed , 19 Registrar

4 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10-1925

17 I HEREBY CERTIFY, That I attended deceased from 3-7-1925, to 3-10-1925, that I last saw h— alive on 3-9-1925, and that death occurred, on the date stated above, at 6,30 P. m.

The CAUSE OF DEATH* was as follows:

Intestitial Nephritis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis 6 Indefinite. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3-12-1925 (Address) 611-N. Conk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3/16/25

UNDERTAKER R. E. Gross — ADDRESS 1405 McElderry St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96240

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. Poppleton ST., 18-2 WARD) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Martha Miller

(a) RESIDENCE NO. 3 N. Poppleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	B	Wid.

5a If married, widowed, or divorced (or) WIFE of Isaac Miller

6 DATE OF BIRTH (month, day, and year) unknown 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hsw.

(b) General nature of industry, business, or establishment in which employed (or employer) Pvt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cal Co. Md.

PARENTS

10 NAME OF FATHER Abraham Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sara Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) R. Co. Dr. 1406 McElderry

15 14 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/ 19 25

17

I HEREBY CERTIFY, That I attended deceased from 3/10, 19 25, to 3/11/, 19 25,

that I last saw h alive on 3/11/, 19 25

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Diff. Nephr.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood & Kidney

(Signed) Bernard J. Levy M. D.

3/14/ 19 25 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3/14/25

20 UNDERTAKER R. C. Gross — ADDRESS 1405 McElderry

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

D 96241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96241

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 344 S. Clinton St. ST., 76 WARD)

REGISTERED NO. 001 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Stilbert

(a) RESIDENCE NO. 344 S. Clinton St ST., 76 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret. Stilbert.

6 DATE OF BIRTH (month, day, and year) May 5 - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe cutter

(b) General nature of industry, business, or establishment in which employed (or employer) retired 088

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Stilbert.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) James Stilbert. (Son) 344 S. Clinton St.

15 Filed 1 4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12/25 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1925, to Mar. 12, 1925, that I last saw him alive on Mar. 11, 1925, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Hardened arteries

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 344 Clinton st.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Observation

(Signed) J. H. Hoffmann M. D.

Jan 14 1925 (Address) 1809 Bolton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem.	March 16 1925
20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 E. Wood St.

TION is very important. See instructions on back of certificates. Exact statement of OC... A-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96242 D 96242

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 W Fayette St ST., 20-5 WARD) REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Allenbaugh,

(a) RESIDENCE No. 1909 W Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Cunningham Allenbaugh

6 DATE OF BIRTH (month, day, and year) July 17, 1874

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholster

(b) General nature of industry, business, or establishment in which employed (or employer) 0825

(c) Name of employer B. & O Railroad

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wm H. Allenbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mary Leedon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elmer E. Allenbaugh (Address) 1909 W. Fayette St.

15 MAR 14 1925 Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1924 to Mar 13 1925 that I last saw h in live on Mar 13, 1925, and that death occurred, on the date stated above, at 4 00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan M. D.

, 19 (Address) Edward V. Coolahan, M. D. 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem — DATE OF BURIAL March 16 1925

20 UNDERTAKER Margaret G Evelyn — ADDRESS 1922 Light

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96243 B 96243

CERTIFICATE OF DEATH

1-PLACE OF DEATH West Baltimore General Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St. WARD 17-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Samuel M Sindall

(a) RESIDENCE NO. 4011 Maine ave - Forest Park ST. Balto WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy F. Sindall

6 DATE OF BIRTH (month, day, and year) July 31 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfgr. Canning Mach

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Saml Sindall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan V Stoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Lucy F. Sindall (Address) 4011 Maine Ave

15 3 14 1925 Robert P. Harrison, .19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/8 .1925, to 3/13 .1925;

that I last saw him alive on 3/13 .1925,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of colon (Sigmoid)

(duration) 1 yr mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? yes Date of 3/9/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical + X-Ray Study.

(Signed) Jas H. Wilkerson M. D.

(Address) C-B. Monroe 705 W Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Mar 16 1925

20 UNDERTAKER Wm Fleischer Sons — ADDRESS North & Pa

TION is very important. See instructions on back of certificates. Exact statement of OCC A-

Spec.—1-10-21—M&T—1500 Blks.

D 96244

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Homewood Hospital REGISTERED NO. 16-58

CITY OF BALTIMORE: (No. 2712 N. Charles ST., #16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alice Martin Brooks

(a) RESIDENCE No. 1908 Edmondson Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Brooks

6 DATE OF BIRTH (month, day, and year) Nov 18-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas. Yonson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown Md

12 MAIDEN NAME OF MOTHER Emma Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Frank L. Brooks 1908 Edmondson

15 Robert P. Harrison, Registrar

MAR 14 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1924 to Mar 13 1925

that I last saw her alive on Mar 13 1925

and that death occurred, on the date stated above, at 2:38 P m.

The CAUSE OF DEATH* was as follows:

Cyst of pancreas

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Pneumonia Acute

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? 1908 Edmondson Ave

Did an operation precede death? Yes Date of 1/27/25

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Jno F Erhart M. D.

3/13 1925 (Address) 2724 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Mar 16, 1925
20 UNDERTAKER	ADDRESS
Wm J Ecker & Son	N. & Pa

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-501 D 96245

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Fleet ST., 1-2 WARD)

2-FULL NAME William Kimmerle

(a) RESIDENCE NO. 2441 Fleet ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 3, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Copper

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 2 years

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Kimmerle

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Unknown

14 Informant Miss Elizabeth Kimmerle (Address) 618 S. Montford Ave

MAR 14 1925 Robert P. Harris, 19..... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1925, to March 12, 25.

that I last saw deceased on Mar 11, 1925.

and that death occurred, on the date stated above, at 2.10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C Ander, M. D.

3/13/25 (Address) 4085 Patapsco

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
1st Evangelical Cemetery	Mar. 15. 1925
20 UNDERTAKER H. Sander & Sons	ADDRESS 1710 Fleet St.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

96246

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96246

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Homestead St., 9-3 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry H. Haeny

(a) RESIDENCE No. 1721 Homestead St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Haeny

6 DATE OF BIRTH (month, day, and year) Oct 15. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

886

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Henry H. Haeny

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Schultzer

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant Louise Haeny (Address) 1721 Homestead St

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17

I HEREBY CERTIFY, That I attended deceased from March 12 1925 to March 13 1925, that I last saw him alive on March 13 1925, and that death occurred, on the date stated above, at 2:15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

..... (duration) 10 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. Zimmerman M. D.

3/13 1925 (Address) 2858 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 16 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 E. Lat St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—1-12-25—M&T—100 Bks.

B 96247

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96247

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 W. Hamilton Ave ST., 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret J. Kummelman

(a) RESIDENCE NO. 202 W. Hamilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of G. Andrew Kummelman

6 DATE OF BIRTH (month, day, and year) April 23-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, professlon or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adam J. Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Richter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant G. Andrew Kummelman
(Address) 202 W. Hamilton Ave

15 Filed 14 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) undetermined

(duration) yrs. mos. ds.

(Signed) J. H. Callan, M. D.
(Coroner)

3-13-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	March 16 192 25
20 UNDERTAKER	ADDRESS
H. Sander Sons	17 W. Lexington St

Important. See instructions on back of certificate.

KODAK

Cor.—1-12-23—M&T—100 Bks.

D 96248

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96248

CERTIFICATE OF DEATH.

7-1 74-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Lamont Ave ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Pryor

(a) RESIDENCE NO. 1006 Lamont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Pryor

6 DATE OF BIRTH (month, day, and year) March 29-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	11	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bauerchrist

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo W. Pryor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Eliza Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Adelaide Norton
(Address) 1119 Gorsuch Ave

15 Filed 4 1925, 192 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Nephritis (duration) yrs. mos. ds.

(Signed) J. S. Bellen, M. D. (Coroner.)

3-14-25, 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Remount Cemetery	3/14 192 5
20 UNDERTAKER William Cook	ADDRESS 502 E North

735-Fulton.

Spec.—1-10-21—M&T—1500 Blks.

D 96249

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96249

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2136 W. Baltimore WARD) 20-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Henry Todd

(a) RESIDENCE NO. 2136 W Baltimore ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence A.

6 DATE OF BIRTH (month, day, and year) Nov 15 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer Eckert-Bld. Corp. Co.

9 BIRTHPLACE (city or town) (State or country) Fa

PARENTS

10 NAME OF FATHER John B. Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Todd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Florence Todd

(Address) 2136 W Balto St

15 Robert P. Harrison,

Registrar

4 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1925, to Mar 12, 1925, that I last saw h live on Mar 12, 1925, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry C. Todd M. D.

3/13, 1925 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	3/16 1925
20 UNDERTAKER	ADDRESS
Williams Coot	502 Ether

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

Dr Smith 4706

D 96250

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96250

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5107 Holden Ave ST., (WARD) 27-12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert A. Bell

(a) RESIDENCE No. 5107 Holden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Paula Bell

6 DATE OF BIRTH (month, day, and year) 11-2-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 06b

(b) General nature of industry, business, or establishment in which employed (or employer) C. C. Long Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10 NAME OF FATHER John Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clemmie Bernhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Paula M. Bell

(Address) 5107 Holden Ave

15 Filed Robert P. Harrison, Registrar

4 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to Mar 12, 1925.

That I last saw h[illegible] alive on Mar 12, 1925.

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis & Interstitial nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clarence [illegible] M. D.

(Address) 4 W Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 3/14 1925

20 UNDERTAKER William Cook

ADDRESS 502 E Nor Ave

HON is very imprtant. See instructions on back of certificates. Exact statement of [illegible] SUPA.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 96251

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96251

100-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Patterson Pk Ave ST.: 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Amelia Carrick

(a) RESIDENCE. No. 1925 Patterson Pk Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 7-1925

7 AGE — Years: — Months: 1 — Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles Ellinson Carrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER: Flora Catherine Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Edna C Carrick. 1925 A Patterson Ave

FILED 4 1925, 19 Peter T. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 12, 1925, to Mar 13, 1925, that I last saw her alive on Mar 13, 1925, and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

3

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Premature & Breech birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. W. V. Cliff M. D.

3/13. 1925 (Address) 238 N Caray St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Mch 14 1920	

20 UNDERTAKER: H. McCormick & Son

ADDRESS: East Cross

(Instructions on back of certificates. See statement of OCC...)

Spec.—1-10-21—M&T—1500 Blks.

D 96252

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96252

CERTIFICATE OF DEATH.

87

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Schroeder ST. 18 W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olive M. Buckmaster

(a) RESIDENCE No. 115 S. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white.	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 25. 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	12.	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Emory A. Buckmaster,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florence Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Florence Buckmaster.

(Address) 115 S Schroeder St

15 Robert F. Harrison,

4 1925 . 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1. 1925. to March 13. 1925.

that I last saw h alive on March 13. 1925.

and that death occurred, on the date stated above, at 9 25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endo-Carditis.

(duration) — yrs. 1 mos 12 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examn

3/14/25 (Signed) J Thaslorton, M. D.

(Address) 888 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cemetery Creek Frederick, Md.

DATE OF BURIAL Mch. 16. 1925

20 UNDERTAKER Joseph J. Conway Sons

Jos F. J. Conway

ADDRESS 908 Hollins St.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96253

CERTIFICATE OF DEATH.

D 96253

1-PLACE OF DEATH

City of BALTIMORE: (No. 418 N. Chappel St., 6-29 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smlsal

(a) Residence No. 418 N. Chappel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Smlsal

6-DATE OF BIRTH (month, day and year) Feb 2- 1875

7-AGE. 50 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Michael Ernest

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Mc Mann

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md Mann

14- (Informant) Marie Abell

(Address) 810 N. Broadway

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 13/25

17- I HEREBY CERTIFY, That I attended deceased from 3-11 25 to 3-13 25 that I last saw alive on 3-13 25 and that death occurred, on the date stated above, at 4 00 a.m. The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(Probably Rheumatic

Endocarditis)

(Duration yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) 14 Mar 1925 (Address) 600 N. Patterson Park Ave M. D.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Mar 16 1925
20-UNDERTAKER.	ADDRESS
Geo M. Friedel & Son	811 N. Eutaw

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96254

CERTIFICATE OF DEATH.

D 96254

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Ash St. ST., 13-39 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earnest Smith

(a) RESIDENCE No. 3409 Ash St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Howard M. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Katie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Howard M. Smith 3409 Ash St

15 Filed JAN 14 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14. 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5. 1925 to Jan. 14. 1925.

That I last saw h[illegible] alive on Jan. 12 1925

and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physicians Signs

(Signed) W. Roberts M. D.

, 19 (Address) 1340 S. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	March 6 1925
20 UNDERTAKER	ADDRESS
Chenoweth & Son	Chestnut

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96255

CERTIFICATE OF DEATH.

X 32

D 96255

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., + - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Smith

(a) RESIDENCE NO. Brookfield ST. Md WARD

(Usual place of abode)

Length of residence in city or town where death occ... mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	11/12			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brookfield
(State or country) Md.

PARENTS

10 NAME OF FATHER James W. Smith

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Dukes

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant ... University Hospital
(Address)

15 Filed ... 19 Robert P. Harrison, Registrar

14 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 14/3 1925

17

I HEREBY CERTIFY, That I attended deceased from 2/28, 1925 to 3/14, 1925.

that I last saw him alive on 9 AM 3/14, 1925.

and that death occurred, on the date stated above, at 10 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 2 4/ ds.

CONTRIBUTORY (Secondary)

No (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Wallace Walker M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sater's Balto Co	March 25
20 UNDERTAKER	ADDRESS
Chenowith Son	Chestnut 1221

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.P.S.—400 Blks.

D 96256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96256

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2300 E. Madison St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Pulcher

(a) Residence No. 2300 E. Madison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of George Pulcher

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE, 66 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Stefan Cermak

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Bohemia

14- (Informant) Anna Sercels

(Address) 2300 E. Madison St

15- Filed 4 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 12/25

17- I HEREBY CERTIFY, That I attended deceased from March 1 19 25 to March 12 19 25

that I last saw h. alive on March 12 19 25

and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage (Cause)

Contributory Arteriosclerosis

Duration 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Gardner M. D.

(Address) 600 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St. Stanislaus	Mar 16 1925
20-UNDERTAKER,	ADDRESS
Frank Enoch Son	1906 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96257

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96257

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 436 Rosedale Terrace St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Johannah D. E. Bauer

(a) Residence No. 438 Rosedale Terrace St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Bauer

6-DATE OF BIRTH (month, day and year) Feb. 26, 1836

7-AGE,	If LESS than 1 day,
89 yrs. 0 mos. 14 ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Brunswick
(State or Country), Germany

PARENTS.

10-NAME OF FATHER Frederick Lieberkuhn

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant).... Conrad Bauer

(Address).... 438 Rosedale Terrace

15-

Filed..... Robert P. Harrison, Registrar.

MAR 14 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 2nd, 1925, to March 12th, 1925

that I last saw h[illegible] alive on March 12th, 1925

and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Edema of the Lungs

(Duration)..... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis + Senility

(Duration)..... yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) F Boulton, M. D.

3-12, 1925 Address) 3909 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
London Park Cem.	Mar. 14, 1925
20-UNDERTAKER. Joseph B. Cook	ADDRESS 1003 W. Lexington St.

Do not write below this line or on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

0° 96258

1-PLACE OF DEATH

City of BALTIMORE: (No. 237 N. Fulton Avenue St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... George A. Snyder

(a) Residence No..... 237 N. Fulton Avenue St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, MALE

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella S. Rabbitt

6-DATE OF BIRTH (month, day and year) Apr. 19, 1863

7-AGE, 61 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer Sea Gull Specialty Co.

9-BIRTHPLACE (city or town)..... Washington
(State or Country), D. C.

PARENTS.

10-NAME OF FATHER, Luther W. Snyder

11-BIRTHPLACE OF FATHER (city or town) Washington
(State or Country), D. C.

12-MAIDEN NAME OF MOTHER, Eugenia E. Burgess

13-BIRTHPLACE OF MOTHER (city or town) Washington
(State or Country), D. C.

14- (Informant) Eugenia E. Cost

(Address) 237 N. Fulton Avenue

15- Filed 4 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 15 19 25 to Mar 12 19 25

that I last saw him alive on Mar 12 19 25

and that death occurred, on the date stated above, at 6.50 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
followed by cerebral
softening one
(Duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cerebral arterio
sclerosis (Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James A. Todd, M. D.

3-12 19 25 (Address) 735 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Mar. 16 19 25

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96259

CERTIFICATE OF DEATH.

D 96259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 23-1 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mitchell

(a) RESIDENCE NO. 1114 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Mitchell

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Maria Staylor

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 3 14 1925 Robert P. Harrison, Registrar
. 19 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1925, to March 14, 1925, that I last saw him alive on March 14, 1925, and that death occurred, on the date stated above, at 1:15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach
Metastases to liver

(duration) yrs. 3 mos. (History)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller M. D.

3/14/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cem	Mar 14 25
20 UNDERTAKER	ADDRESS
Margaret E. Flynn	1411 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

17 7 22 96260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 60-002 D 96260

JOHNS HOPKINS HOSPITAL

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Vermillion

(a) RESIDENCE NO. Bowie Md. ..... ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. 22 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Gilbert Vermillion

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lillie Sherbeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... MAR 15 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17 I HEREBY CERTIFY, That I attended deceased from February X 1925 to March 14 1925

that I last saw h alive on March 14 1925

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Cervical Adenitis

Adenomata thyroid

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Septicaemia, Bacteraemia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of March 2

Was there an autopsy? no

What test confirmed diagnosis? Operation + blood culture

(Signed) F. P. Reichert, M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bowie Md

DATE OF BURIAL: Mar. 16 1925

20 UNDERTAKER: George L. Schmidt

ADDRESS: 2101 Balto Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21 M&T 1500 Bks.

D 96261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 117 D 96261

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ - Hospital — ST., 4-1 WARD)

2-FULL NAME Nettie M. Hering

(a) RESIDENCE NO. Westminster Md — ST., Carroll County
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fenley L. Hering

6 DATE OF BIRTH (month, day, and year) March 24 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 037

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER George Annacost

11 BIRTHPLACE OF FATHER (city or town) Md - (State or country)

12 MAIDEN NAME OF MOTHER Virginia Hering

13 BIRTHPLACE OF MOTHER (city or town) Md - (State or country)

14 Informant Univ. Hosp. - Records (Address)

15 MAR 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17

I HEREBY CERTIFY, That I attended deceased from March 5th, 1925, to March 14, 1925.

that I last saw her alive on March 14, 1925.

and that death occurred, on the date stated above, at 2:05 P.M.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) General Peritonitis with paralytic Ileus (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of March 5'25

Was there an autopsy? no -

What test confirmed diagnosis? none

(Signed) [illegible], M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md — DATE OF BURIAL March 17 '25

20 UNDERTAKER H M Routson — ADDRESS 2238 N Mth

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96262

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96262

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Hoguth St. 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. C. Stevenson

(a) RESIDENCE. No. 410 Hoguth St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Stevenson

6 DATE OF BIRTH (month, day, and year) Oct 23-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Moses Stevenson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary L. Ballard

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mary Stevenson
(Address) 410 Hoguth St

MAR 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1924, to Mar 12, 1925, that I last saw him alive on Mar 11, 1925 and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) one yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Lutz, M. D.

Mar 13-1925 (Address) 1011 W. Mt. St. Dr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashley Cem	Mar 15 1925

20 UNDERTAKER ADDRESS

Mrs R. G. Elliott 1725 Ashland

Instructions to Registrars of certificates. See instructions on back of certificate. Very important.

Spec—12-23-21—E.P.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96263

CERTIFICATE OF DEATH.

D 96263

1-31

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 S. Ellwood ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Stanley Zielinski

(a) Residence No. 1015 S. Ellwood ave St., 1 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Apr 18th. 1902

7-AGE. 22 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) General Ofc

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Matthew Zielinski

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Hojnacka

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) J. Zielinski

(Address) 1015 S. Ellwood Ave

15- FILED MAR 15 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch 13th. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 10th. 1925 to March 13th 1925 that I last saw him alive on March 13th 1925 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Estimated (Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Dr. Jones M. D

3/14/ 1925 (Address) 1011 S. Ellwood ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Stanislaus Cem

DATE OF BURIAL. March 16 1925

20-UNDERTAKER. Stephen J. Fialkowski

ADDRESS 1010 S. Ellwood Ave

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

96264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-002

D 96264

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2747 W. Lafayette Av ST.) 16-3 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Louvine Blanche Perry

(a) RESIDENCE No. 2747 W. Lafayette Av ST., ..WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 13 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Louvie L. Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas.

12 MAIDEN NAME OF MOTHER Blanche Stonum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louvie L. Perry
(Address) 2747 W. Lafayette Av

15 Filed MAR 15 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 13, 1925, to March 13, 1925, that I last saw h alive on Mar 13, 1925, and that death occurred, on the date stated above, at 1-15 P m.

The CAUSE OF DEATH* was as follows:

High Temps Delirium

(duration) yrs. mos de.

CONTRIBUTORY (Secondary) Pneumonia on Medic Lung for two days

(duration) yrs. mos. de.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry A Kaylor, M. D.

(Address) Pikesville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carrollton Chapel, Balto Co

DATE OF BURIAL MAR 15 1925, 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96265

HEALTH DEPARTMENT—CITY OF BALTIMORE

96265

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Rockdale Ave. St., Raspeburg Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary a. Mitchell

(a) RESIDENCE NO. 213 Rockdale Ave. ST., Raspeburg WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Mitchell

6 DATE OF BIRTH (month, day, and year) Jan. 12 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Richard Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Martha Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant William T. Mitchell (Address) 213 Rockdale Ave. Raspeburg

15 MAR 15 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 5th 1925 to Mar 13 1925

that I last saw h. alive on Mar 13 1925

and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chas. F. Elliott M. D.

8/14. 1925 (Address) 3 Hamilton Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 16 1925
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Fullerton

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96266

CERTIFICATE OF DEATH.

×11 D 96266

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Isabelle Carter

(a) Residence No. Middle River, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) 1st School

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct 5th 1912

7-AGE. 12 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Middle River, Md

PARENTS.

10-NAME OF FATHER. William Porter

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Co. Maryland

12-MAIDEN NAME OF MOTHER. Edith Hughes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Co. Maryland

14- (Informant) William Porter
(Address) Bengies Md.

15- Filed ... 192..

MAR 15 1925 ROBERT R. KRAUTER, Registrar.

(Continued on back of certificate.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 14th 1925

17- I HEREBY CERTIFY, That I attended deceased from March 8 1925 to March 14 1925

that I last saw her alive on Mar 14 1925

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

1. Peritonitis
2. Intestinal Sepsis
(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Mycecarditis
(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of Mar 8/25

Was there an autopsy? no

What test confirmed diagnosis? Phys. & Clin. Tests

(Signed) Dear B Seybert M. D
, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	March 17 1925
20-UNDERTAKER.	ADDRESS
Frederick Lassahn Sons	Fullerton

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96267

CERTIFICATE OF DEATH.

9

D 96267

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Morris

(a) RESIDENCE. NO. 111 Clayton Court ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 21-1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John A Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Kroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Parents. (Address) 111 Clayton Court

15 Filed MAR 15 1925, 19 — Registrar

VERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1925, to March 14, 1925, that I last saw him alive on March 14, 1925, and that death occurred, on the date stated above, at 1:40 P m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) — yrs. — mos. 27 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. — mos. 13 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) B MacGowan, M. D.

3/15/25 (Address) Sydenham Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A.A.Co.	3-15-1925
20 UNDERTAKER E B Hart 115 E	ADDRESS Arst St

How is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96268

CERTIFICATE OF DEATH.

56

D 96268

1-PLACE OF DEATH

City of BALTIMORE: (No. 1315 Webster St., 24-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Doris Ruff.

(a) Residence No. 1315 Webster St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of none

6-DATE OF BIRTH (month, day and year) Dec 27 1924

7-AGE, ... yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Ruff

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Sarah Hooper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) JOHN RUFF.

(Address) 1315 Webster St

15-

MAR 15 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 14 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar. 10 1925 to Mar 14 1925

that I last saw her alive on Mar. 14 1925

and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Rickets

(Duration) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. J. Seabury M. D.

3/14. 1925 (Address) 638 Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem	3-16 1925

20-UNDERTAKER.	ADDRESS
E & B Stark	115 E Lent

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96269

1-PLACE OF DEATH St Jos. Hospital

City of BALTIMORE: (No. Caroline & Eden St., 22 Ward)

Registered No. 5129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hughes

(a) Residence No. 119 S. Chapel Westport St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Creighton

6-DATE OF BIRTH (month, day and year) June 15th 1842

7-AGE. 72 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor.

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer Bartlett & Hayward

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Henry Hughes

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Lee

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country).

14- (Informant) Lydia E. Hughes

(Address) 119 Chapel St.

15- MAR 15 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 13 1925

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1925 to March 13, 1925 that I last saw h. ~~im~~ alive on March 13 1925 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, &
Chronic Interstitial
Nephritis.

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? yes. Date of Cystotomy 3/1/25

Was there an autopsy? No. Hypostatic Pneumonia

What test confirmed diagnosis?

(Signed) H B Sybert, M. D

, 19 (Address) St Jos. Hosp Baltimore Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Olivet	Mar 15 19 25
20-UNDERTAKER.	ADDRESS
E. Thomas Son	1039 Hanover St

(SUGGESTIONS ON BACK OF CERTIFICATE.)

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96270 D 96270

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 Hanover St. ST., 23-2 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E.F.Wilhelmina Fetsch.

(a) RESIDENCE No. 1702 Hanover St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. -- mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, widowed, or divorced
(or) WIFE of Joseph T.Fetsch.

6 DATE OF BIRTH (month, day, and year) March 10, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	45	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Benjamin Mahn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Susanna Eschenbecker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Joseph T.Fetsch.(husband)
(Address) 1702 Hanover St.

15 MAR 15 1925 ROBERT F. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1925.

17 I HEREBY CERTIFY, That I attended deceased from December 12, 1924, to March 13, 1925,
that I last saw h.e alive on March 13, 1925,
and that death occurred, on the date stated above, at 3.55 p.m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? --------

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

3/14 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	March 19 25
20 UNDERTAKER	ADDRESS 1039 Hanover St
C. Lehrmann's Son	

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96271

CERTIFICATE OF DEATH.

D 96271

5-12

1-PLACE OF DEATH

City of BALTIMORE: (No. 1642 1624 N. Monroe St., St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Goodman

(a) Residence No. 1642 1624 N. Monroe St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 25-1892 Nov. 25

7-AGE. 32 yrs. 3 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, David Soloman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Elizabeth Dicther

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

11- (Informant) Harry A. Goodman

(Address) 1624 N. Monroe

MAR 15 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-15-25

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1924 to Mar 14 1925 that I last saw h[illegible] alive on March 14 1925 and that death occurred, on the date stated above, at 4.30 A.m. The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 10/24

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. L. Hollander, M. D.

3/15, 1925 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, 3-15-1925

20-UNDERTAKER, Jack Levine — ADDRESS 1439 E. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

Coroner Portes notified

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 36272 100-001

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. 19-1 ST., WARD)

REGISTERED NO. D 36272

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Asner

(a) RESIDENCE NO. 1528 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Asner

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 606

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Blacksmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Annie Asner

(Address) 1525 Hollins St.

15 Filed MAR 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-14, 19 25, to 3-14, 19 25, that I last saw him alive on 3-14, 19 25 and that death occurred, on the date stated above, at 10:45 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Isidor J. Levy M. D.

Mar 19 25 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington Road	3/15 1925
20 UNDERTAKER Jack Lewis	ADDRESS 1439 E. Balto St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96273

CERTIFICATE OF DEATH.

100-001

REGISTERED No. C. D 96273

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Smallwood ST.; 12-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jontab Berrlovitz

(Residence in Baltimore: No. 1725 Smallwood St.: ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Dec 28, 1924
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Sam Berrlovitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Amie Berlin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam Berrlovitz

(Address) 1725 Smallwood

15-

MAR 15 1925 ROBERT P. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1925, to March 14 1925, that I saw him alive on March 14 1925, and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Benj. I. Kaplan M. D.

3-15, 1925 (Address) 2306 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Levis Funeral Chapel — DATE OF BURIAL, 3-15, 1925

20-UNDERTAKER Jac P Levis — ADDRESS 1439 E Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

B 96274

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96274

CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH

City of BALTIMORE: (No. 3403 Montabella Drive Ward) 9-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McClellan Davis

(a) Residence No. 3403 Montabella Drive St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 17 1864

7-AGE, 61 yrs. 1 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cabinet Maker

(b) General nature of Industry, business, or establishment in which employed (or employer) P R Road 314

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Davis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Mareyland

12-MAIDEN NAME OF MOTHER, dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hannie Davis

(Address) 2403 Montabella Drive

15- MAR 15 1925 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 13. 1925

17- I HEREBY CERTIFY, That I attended deceased from March 13 1925 to Same 19

that I last saw him alive on March 13 1925

and that death occurred, on the date stated above, at 920 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia - pulmonary

oedema - myocarditis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) as above

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos Delaney Thomas M. D

3/15, 192 (Address) 330 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn | DATE OF BURIAL, Mar 16th 1925

20-UNDERTAKER. Josiah Soffer | ADDRESS 1600 W North Ave

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96275

CERTIFICATE OF DEATH.

90 D 96275

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Levie

(a) RESIDENCE NO. 2018 E. Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Levie

6 DATE OF BIRTH (month, day, and year) Aug 16-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brush Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Ret'd
(c) Name of employer Tottle

9 BIRTHPLACE (city or town) (State or country) Paterson N.J.

PARENTS

10 NAME OF FATHER Henry Levie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Paterson

12 MAIDEN NAME OF MOTHER Gertrude Vanderbeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Paterson N.J.

14 Informant Mrs. N. Seipp (Address) 2018 E. PrattSt

15 Filed MAR 15 1925 ROBERT F. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13-1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valv. Insufficiency

(Chr. Nephritis)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carbuncle of neck

(duration) yrs. mos. ds.

(Signed) J. S. H. Cullen, M. D.
(Coroner.)

3-14-25, 192 (Address) 508 E. Northave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Mar 17 1925
20 UNDERTAKER	ADDRESS
Kleinau Cemetery Assn	

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96276

CERTIFICATE OF DEATH.

100-001

D 96276

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 W Pratt St. Ward 18-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert L. Lafferty

(Residence in Baltimore: No. 932 West Pratt Street St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 25th, 1902
(Month) (Day) (Year)

7-AGE, 22 yrs. 3 mos. 13 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lamp Lighter
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Robert L Lafferty

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lillian McGruder

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert L Lafferty

(Address) 932 W Pratt St

15- Filed MAR 15 1925 ROBERT R. KRAUTER, Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6th 1925, to March 13th 1925, that I saw him alive on March 12th 1925, and that death occurred, on the date stated above, at 3.15 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) — yrs. — mos. 10 da.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) — yrs. — mos. 7 da.

(Signed) Wyatt D. Perkins M. D.

March 13th, 1925. (Address) 1 West Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount | DATE OF BURIAL, March 16, 1925

20-UNDERTAKER John J Fields | ADDRESS 1200 W Fayette St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96277

CERTIFICATE OF DEATH.

16 D 96277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 53 S. Carrollton ST., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Gordon

(a) RESIDENCE NO. 53 S. Carrollton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 10 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	87	8	3	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. S. C

12 MAIDEN NAME OF MOTHER Mary Christman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Jno Kennedy

(Address) 53 S Carrollton av

15 Filed MAR 15 1925 ROGER R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to March 13, 1925.

that I last saw h alive on March 10, 1925.

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Gustav Dill M. D.

3/14, 1925 (Address) 1433 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Mar 16 1925
20 UNDERTAKER	ADDRESS
John J Fields	1200 W Lombard

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96278

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96278

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Stricker St.: 16-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Palestine Daniels

(a) RESIDENCE. No. 1032 N. Stricker ST., ... WARD. .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-21-23

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Daniels

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Hanover Co., Va.

12 MAIDEN NAME OF MOTHER Emma Weatherless

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Caroline Co., Md.

14 Informant Thomas Daniels
(Address) 1038 N. Stricker St

15 Filed MAR 15 1925 19 ALBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-11- 1925, to 3-14 1925, that I last saw h..... alive on 3-12 1925, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Tetany

From History

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Rickets Probably

(duration) yrs. 18 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C. Page, M. D.

, 19 (Address) 1516 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	3/16 1925
20 UNDERTAKER Wm S Jas H. Dennis & Son 1 E Eutaw	ADDRESS 1803 Eastman St

THIS is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 96279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96279

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 15-38 Ward)

Registered No. 15-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Johns

(a) Residence No. 1502 N. Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1865

7-AGE. 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Porter.

(b) General nature of industry, business, or establishment in which employed (or employer). 10 01

(c) Name of employer.

9-BIRTHPLACE (city or town). Balto.

(State or Country), Md.

PARENTS.

10-NAME OF FATHER. William Johns

11-BIRTHPLACE OF FATHER (city or town). Eastern Shore

(State or Country), Md.

12-MAIDEN NAME OF MOTHER. Amanda Webb

13-BIRTHPLACE OF MOTHER (city or town). Easternshore

(State or Country), Md.

14- (Informant). D. W. Johns.

(Address). 1502 N. Mount St.

15- Filed. MAR 15 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/14/25

17- I HEREBY CERTIFY, That I attended deceased from 2/20/25, 19 to 3/14/25, 19

that I last saw him alive on 3/12/25, 19

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Hammonton, Md.

Did an operation precede death? Yes Date of 2/26/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Kelly M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cemtery

DATE OF BURIAL. March 16 1925

20-UNDERTAKER. Mrs Jas. H. Dennis per J. E. Nelson

ADDRESS 1303 Bresstman St.

Instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 96280

90 D 96280

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 745 E. Hamilton Ave ST. 27-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Francis Xavier Caulfield

(Residence in Baltimore: No. 45 E Hamilton Ave St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): W-dower

6 DATE OF BIRTH: June 4, 1846 (Month) (Day) (Year)

7 AGE: 38 yrs. 9 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066

9 BIRTHPLACE (State or country): Va.

PARENTS

10 NAME OF FATHER: James P Caulfield

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Margaret A Boyle

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James P Caulfield

(Address) 45 E. Hamilton Ave

15

MAR 15 1925

ROBERT R. KRAUTER, REGISTRAR
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar (Month) 13 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 4, 1925, to Mar 13 1925, that I saw him alive on Mar 13, 1925, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis
Etiology not defined.

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) (Nasopharyngeal Negative)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eyl. Schuby M. D.

Mar 13, 1925 (Address) 1107 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Mar 16, 1925

20 UNDERTAKER: J. E. Caulfield — ADDRESS: 847 Fremont Ave

IMPORTANT: PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96281

CERTIFICATE OF DEATH.

21 D 96281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N Broadway ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Weiss

(a) RESIDENCE NO. 514 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Weiss

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired merchant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Morriss Weiss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Stella Weiss

(Address) 514 N. Broadway

15 Filed MAR 15 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1920, to Mar 14, 1925,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. (?) mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan, M.D.

, 19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cemetery

DATE OF BURIAL 3/15 1925

20 UNDERTAKER J. Ahrens Co

ADDRESS 3314 Penna ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

EXHIBIT A.S.K.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96282

CERTIFICATE OF DEATH.

101-001

B 96282

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital No ... Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thelma Harrison

(a) Residence No. 801 S. East ave Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 18 1922

7-AGE. 2 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) Ind.
(State or Country),

PARENTS.

10-NAME OF FATHER. Earl Harrison

11-BIRTHPLACE OF FATHER (city or town) Md
(State or Country),

12-MAIDEN NAME OF MOTHER. Ada Stevens

13-BIRTHPLACE OF MOTHER (city or town) Md
(State or Country),

14- (Informant) Family Harrison

(Address) 801 S. East Ave

15-

Filed MAR 15 1925, 19.. ROBERT R. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/12/25

17- I HEREBY CERTIFY, That I attended deceased from 3/12/25, 19.. to 3/12/25, 19..

That I last saw h.. alive on 3/12/25, 19..

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Empyema

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? ....

What test confirmed diagnosis? Clinical

(Signed) H. W. Kelly M. D.

19 (Address) Mercy Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loch Raven Md	3/16, 19.25
20-UNDERTAKER.	ADDRESS
George A. Fuhrman	Fulton Ave & Fayette

D 96283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found Dead at 5-1 129 W Registered No. C D 96283

City of BALTIMORE: (No. Fallsway Kennedy St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Haupt

(Residence in Baltimore: No. Lovering House St.; yrs. wk. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word)
Male	white	Single

6-DATE OF BIRTH,

..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Haupt.

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Von Knon

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Donavan

(Address) 914 Hullman st

MAR 15 1925

Filed ..... 192..... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) [illegible] ds.

(Signed) James M. Fenton M. D. (Coroner.)

Mar 14 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincent Cemetery	March 16. 1925
20-UNDERTAKER.	ADDRESS
Geo. J. Ruth	1735 Harford ave.

If very important. See instructions on back of certificate. PLACE, DATE AND CAUSE OF DEATH. MEDICAL CERTIFICATE OF DEATH. DATE AND PLACE OF BIRTH. NAME, RESIDENCE AND OCCUPATION

Spec.—1-10-21 M&T 1500 Bks.

B 96284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56-401 96284

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 872 Rabory ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hawley Gray Jr

(a) RESIDENCE NO. 872 Rabory St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Blk	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apl 11 - 1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
46	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer Jos F Hughes Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Hawley Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Louisa Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Hattie Gray

(Address) 872 Rabory

MAR 15 1925 ROBERT R. KRAUER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 18, 1925, to March 13, 1925, that I last saw h[illegible] alive on March 12, 1925, and that death occurred, on the date stated above, at 2.45A m.

The CAUSE OF DEATH* was as follows:

Progressive Pernicious Anemia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis Clinical & Laboratory

(Signed) Dr Edgar Hofman M. D.

3/3, 1925 (Address) 656 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	March 20 25
20 UNDERTAKER	ADDRESS
Sam W. Black Sons	1400 Mosher

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96285

CERTIFICATE OF DEATH.

D 96285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Pennsylvania Ave ST., 21 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David H. Smith

(a) RESIDENCE. No. 539 Penn Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper on Express Wagon

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm J Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alfred Smith
(Address) 141 E Penn Ave

15 MAR 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 11, 1925, to Mar 13, 1925, that I last saw him alive on Mar 12, 1925, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Phthisis

(duration) 0 yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Tubercular Bacilli

(duration) 0 yrs. 0 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos L Woodward, M. D.

3-13 1925 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natnre of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Mch 16 1925
20 UNDERTAKER	ADDRESS
Sam'l Chase & Son	1400 Mosher

THIS IS VERY important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 96286

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 503 S. Patterson Park Avenue Ward) 1-2

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

2-FULL NAME..... Maryanna . Skalski .....

(a) Residence No..... 503 S. Patterson Park Avenue ..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 25 1855

7-AGE. 69 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House Work

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Poland
(State or Country).

PARENTS.

10-NAME OF FATHER, Paul. Koprowski

11-BIRTHPLACE OF FATHER (city or town) Poland
(State or Country).

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Poland
(State or Country).

14- (Informant) Mr Andrew. Skalski Son.

(Address) 503 S. Patterson Park Avenue

MAR 15 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/13/25

I HEREBY CERTIFY, That I attended deceased from March 8 25 to March 13 19 25

that I last saw her alive on 3 13 19.....

and that death occurred, on the date stated above, at 5.20 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas. O'Neill, M. D.

3/17/25 19 (Address) 402 S. Bond St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary Cem.

DATE OF BURIAL, March 16 19 25

20-UNDERTAKER, John F. Welsh

ADDRESS 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96287

CERTIFICATE OF DEATH.

44

D 96287

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital.

CITY OF BALTIMORE: (No. Fayette ave & Outland st ST., 21-3 WARD)

2-FULL NAME George Goodwin.

(a) RESIDENCE No. 324 Ottenbine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Goodwin

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thos H Goodwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Celia Maynard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Goodwin

(Address) 324 Ottenbine St

15 Filed MAR 15 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/4, 1925, to 3/12, 1925, that I last saw him alive on 3/12, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus.

(duration) yrs. 2½ mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 3/5/25

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & X Ray study Autopsy

(Signed) Jas Hubert Wilson M. D.

(Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Mch 16 1925

20 UNDERTAKER John H. Gradin — ADDRESS 1027 Hanover

FICE IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96288

CERTIFICATE OF DEATH.

D 96288

1-PLACE OF DEATH

City of BALTIMORE: (No. 1331 S. Clinton St., 26-8 Ward) Registered No. 57

2-FULL NAME. William F. Simmont

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1331 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Simmont

6-DATE OF BIRTH (month, day and year) Sept. 6, 1846

7-AGE. 78 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer). O.H.D.
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Simmont

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER, Betsy A. Stallings

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md.

14- (Informant) Mary C. Simmont
(Address) 1331 S. Clinton St.

15- Filed MAR 15 1925 ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-14-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb-10 1925 to March 14 1925 that I last saw him alive on March 13 1925 and that death occurred, on the date stated above, at 4.35 A. m. The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Myocardial Dilation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William J. Pendor, M. D
, 19 (Address) 305 Adamell St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	March 17, 1925
20-UNDERTAKER, Fickler & Fickler	ADDRESS 1739 Eager st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96289

CERTIFICATE OF DEATH.

46 B 96289

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 W. Baltimore St., 20th WARD) — 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Fryer

(a) RESIDENCE NO. 2145 W. Baltimore ST., 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Fryer

6 DATE OF BIRTH (month, day, and year) Jan 15 1891

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
34	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER James H. McFerren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Eva Bernstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mary M. Rice

(Address) Philadelphia Pa

15 MAR 15 1925 19 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13th 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct ... 1924 ... to Mar 13th ... 1925.

that I last saw her alive on Mar 13th ... 1925.

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) One yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dont Know

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas A Cohn, M. D.

3/18 1925 (Address) 2105 N Bolle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Mar 16 1925

20 UNDERTAKER L. B. Hufnagel — ADDRESS 1850 N Bolle St

FOR IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96290

CERTIFICATE OF DEATH.

4100-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 W. Redwood Street St., 4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward E. Robertson

(a) Residence No. 627 W. Redwood Street St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug. 9, 1884

7-AGE. 40 yrs. 7 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. Pennsylvania Railroad

809

9-BIRTHPLACE (city or town). Baltimore
(State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Robertson

11-BIRTHPLACE OF FATHER (city or town). Baltimore
(State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Percilla Mary Robertson

13-BIRTHPLACE OF MOTHER (city or town).
(State or Country). Virginia

14- (Informant). Jesse Robertson
(Address). 627 W. Redwood Street

15- Filed MAR 15 1925, 19.. ROBERT R. KRAUTER, Registrar.
Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 6th, 1925, to March 13th, 1925, that I last saw him alive on March 13th, 1925, and that death occurred, on the date stated above, 10.55 P.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Personal observation

(Signed) Wm. Conrad Bode, M. D.

3-14, 1925 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19..
Western Cemetery	Mar. 16, 25
20-UNDERTAKER. Joseph B Cook	ADDRESS 1603 W. Baltimore St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

B 96291

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

100-B 96291

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4807 Reisterstown Road) (Sec. 25-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Lynn

(a) RESIDENCE. No. 4807 Reisterstown Road. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice A. Lynn

6 DATE OF BIRTH (month, day, and year) — 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Pat. Lynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kerran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Alice A. Lynn (Address) 4807 Reisterstown Rd

15 MAR 15 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3.12 1925

17 I HEREBY CERTIFY, That I attended deceased from 3.2.25, 19.., to 3.12.25, 19.., that I last saw him alive on 3.12.25, 19.., and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. Edward Morris, M. D.

3/12/25, 19.. (Address) 107 E. West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	3/16 1925
20 UNDERTAKER J. F. Tabler Sons	ADDRESS 31 Lib

See back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D96292.

D96292.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 D 96[redacted]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Highland ave ST., 16-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Gaertner

(a) RESIDENCE NO. 114 N. Highland ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gaertner

6 DATE OF BIRTH (month, day, and year) April 9/1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Germany
(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) ..... Ger
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) ..... Ger.
(State or country)

14 Informant Mrs. Mary Gaertner
(Address) 114 N. Highland ave

15 MAR 16 1925 RUSSELL S. KNOTTS, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb- 1- , 1925 , to March 13 , 1925 , that I last saw h— alive on March 13 , 1925 , and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

..... (duration) ..... yrs. 1½ mos ..... ds.

CONTRIBUTORY (Secondary) Coma —

..... (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Frank Brandes M. D.

, 19 (Address) 125 S Bond —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL March 16 1925

20 UNDERTAKER Jos. J. Kerr ADDRESS 156 N. Luzerne ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96293

CERTIFICATE OF DEATH.

100-001

D 96293

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore St. Md. 10-1 WARD)

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Lucas

(a) RESIDENCE NO. 1037 N. Schroeder St. WARD ....

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Blk	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of +

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Bay View Hospital Baltimore Md

15 Filed MAR 16 1925 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13 1925

17 I HEREBY CERTIFY, That I attended deceased from August 2 1924 to Mar 13 1925 that I last saw h[illegible] alive on Mar 13 1925 and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) N. E. Edmunds M. D.

, 19 (Address) Bay View Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	March 16 1925
20 UNDERTAKER	ADDRESS
J. W. Brown & Son	108 N. Monty

TION is very important. See instructions on back of certificate.

Spec– 12-23-21—E.B.R.S.—400 Bks.

(See Letter in file April 4 1925 From G B Sylvert MD)

D 96294

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96294

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital 16-7 St. Paul Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lawster

(a) Residence No. 1209 W Lanvale St St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, married Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of 1878

6-DATE OF BIRTH (month, day and year) Feb 5, 1878

7-AGE. 47 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work Dock Builder ~~Laborer~~

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Dont know~~

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Ruby N. Columbia

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (City or Town) (State or Country), Dont know

12-MAIDEN NAME OF MOTHER, Dont know

13-BIRTHPLACE OF MOTHER (City or Town) (State or Country), Dont know

14- (Informant) Mrs Ellen Lasler

(Address) 1209 W. Lanvale St

15- MAR 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 12 1925, to March 13 1925, that I last saw him alive on March 12 1925 and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? Dont know

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) G. B. Sylvert M. D

March 14 1925 (Address) St. Joseph's Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem — DATE OF BURIAL. 3-16-25

20-UNDERTAKER. David Carter — ADDRESS 516 Park

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96295

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 Walnut St., 17-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hall

(a) Residence No. 502 Walnut St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, Divorced (write which word.) widow married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1850

7-AGE. 75 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer

9-BIRTHPLACE (City or town) (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER Henry Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Henry Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Virginia

14- (Informant) James Hall

(Address) 501 Walnut Ave.

15- Filed MAR 16 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 13/25

17- I HEREBY CERTIFY, That I attended deceased from May 28, 1925 to Mar 13, 1925 that I last saw her alive on Mar 13, 1925 and that death occurred, on the date stated above, at 3.25 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Frank E. Wagner M. D.

3/16/1925 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 3-16- 1925

20-UNDERTAKER David Easton — ADDRESS 916 Pine

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 96296

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 822 Greenmount Ave St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Pierce

(a) Residence No. 822 Greenmount Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	Colored	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1857

7-AGE. 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto City Md

PARENTS.

10-NAME OF FATHER Dan Tabor

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Dan Tabor

12-MAIDEN NAME OF MOTHER Dan Tabor

13-BIRTHPLACE OF MOTHER (City or Town) (State or Country) Dan Tabor

14-

(Informant) Elsie Gilling

(Address) 822 Greenmount Ave

15-

Filed MAR 16 1925 ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch. 14. 1925

17- I HEREBY CERTIFY, That I attended deceased from Mch 10, 1925 to Mch 13, 1925

that I last saw h.. alive on Mch 13, 1925

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) J. Gardner Thomas M. D

Mch 14. 1925 (Address) 1534 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	3-16 1925
20-UNDERTAKER Dan Tabor	ADDRESS 916 Ca ave

Spec.—1-10-21—M&T—1500 Blks.

D 96297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

D 96297

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1365 N. Gilmor ST., 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Williams

(a) RESIDENCE No. 1365 N. Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Williams

6 DATE OF BIRTH (month, day, and year) July 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	8	0 (?)	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Yard

(c) Name of employer Brady Coal Co

9 BIRTHPLACE (city or town) (State or country) Prince Georges Co, Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Rebecca Williams
(Address) 1365 Gilmor St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1925, to March 13th 1925.

that I last saw h[illegible] alive on March 13th 1925

and that death occurred, on the date stated above, at 9.00 p.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

½ hr
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Phthisis Pulmonalis

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Jas. Edw. Gill, M.D.

, 19 (Address) 1304 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: March 16th 1925

20 UNDERTAKER: A. Jones — ADDRESS: 111 S. Gilmor

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Simpkins Harford Rd

D 96298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-097 D 96298

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 5225 Harford Road ST., (WARD) 12

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward C. H. Van Reuth

(a) RESIDENCE NO. 5225 Harford Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Van Reuth

6 DATE OF BIRTH (month, day, and year) 1-22-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Artist

(b) General nature of industry, business, or establishment in which employed (or employer): 001

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Breda - Holland

PARENTS

10 NAME OF FATHER Felix Van Reuth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Breda - Holland

12 MAIDEN NAME OF MOTHER C. Vandermass

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Breda Holland

14 Informant: Lucien Van Reuth

(Address) 5225 Harford Rd

15 Filed ..... 19 ..... ROBERT R. KRAUTLI, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1933

17

I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 14, 1933, that I last saw h[illegible] alive on March 14, 1933, and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza + Cardiac Dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Smith, M. D.

3/15/1933 (Address) 4706 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL 3/16 1933

20 UNDERTAKER Wm Cook & Co

ADDRESS 502 E Fayette

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96299

CERTIFICATE OF DEATH.

× 129

D 96299

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 4-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Mrs.~~ Minnie Murphy

(Residence in Baltimore: No. Runton md St.: yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... 1860 (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Mr. E. Webb

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Spruden

(Address) 1929 N Lexington

15-

MAR 16 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 13, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Dont Know (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Dont Know (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Mch. 16, 1925 (Address) ..... 1129 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Leatherbee Cemetery

DATE OF BURIAL, March 17, 1925

20-UNDERTAKER Wm. Cook

ADDRESS 307 E. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

D 96300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 001 D 96300

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1236 Aisquith ST., 10 W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lazarus H. Kemmerly

(a) RESIDENCE NO. 1236 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lester J. Kemmerly

6 DATE OF BIRTH (month, day, and year): Nov 13 1854

7 AGE: Years 70 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Own Boat

9 BIRTHPLACE (city or town) (State or country): Fairmount, Md

PARENTS

10 NAME OF FATHER: David Kemmerly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fairmount Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Howard E. Kemmerly

Address: 1236 Aisquith St

15 Filed MAR 16 1925 19 RUEBEN R. KRADER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 9 1925 to 19 ., that I last saw him alive on Mch 13 1925 19 ., and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

7 6 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Paralysis right side

(Signed) W. J. Tilley, M. D.

March 14 1925 (Address) 1032 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmount Md DATE OF BURIAL: March 16 1925

20 UNDERTAKER: Williamson & Nathan ADDRESS

THIS IS very important. See instructions on back of certificates.

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96301

CERTIFICATE OF DEATH.

24-001

D 96301

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Rosedale ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Randolph Stubbs

(a) RESIDENCE NO. 633 Rosedale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward S. Stubbs

6 DATE OF BIRTH (month, day, and year): April 23 1878

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Louis Randolph

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Sothell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edward S. Stubbs

(Address): 633 Rosedale St.

15 MAR 16 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-14 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1924, to Mar 14 - 1925

that I last saw her alive on Mar. 14, 1925.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 4 hrs.

CONTRIBUTORY (Secondary) Primary cerebral hemorrhage (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual tests

(Signed) C. Virgo M. D.

3-16. 1925 (Address) 7202 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Mch 16 1925

20 UNDERTAKER: Chas. E. Franck & Son

ADDRESS: Madison Ave

NOTE—Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96302

159-002

CERTIFICATE OF DEATH.

D 96302

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Ensor st ST., 9-7 WARD)

2-FULL NAME Mary Gracey.

(a) RESIDENCE NO. 1415 Ensor st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10th. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	—	4 days	

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Hugh W. Gracey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md.

12 MAIDEN NAME OF MOTHER Helen Gildenpenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md.

14 Informant Hugh W. Gracey
(Address) 1415 Ensor St

15 Filed MAR 16 1925 ROBERT R. KRAUTER, Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-25

17 I HEREBY CERTIFY, That I attended deceased from 3-10 19 25 to 3-14 19 25

that I last saw her alive on 3-14 19 25.

and that death occurred, on the date stated above, at 6 20 A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Failure of Closure of Fontanelle

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. W. Gracey M. D.

(Address) 1415 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	March 16 1925
20 UNDERTAKER	ADDRESS
Geo. J. Roth	1735 Hanford ave.

Instructions on back of certificates. Read very important. See Instructions

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96303

CERTIFICATE OF DEATH.

91-002

D 96303

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 Division ST., 14-1 WARD)

2-FULL NAME Elizabeth Lee

(a) RESIDENCE NO. 162 Division ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1835

7 AGE: Years 90 | Months — | Days — | If LESS than 1 day, hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Nichols.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant: James H. Bright (Address) 162 Division ST.

15 Filed MAR 16 1925 Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1925, to Mar. 12, 1925, that I last saw her alive on Mar. 10, 1925, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral-Arteriosclerosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. T. Carr, M. D.

Mar 16 1925 (Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. | DATE OF BURIAL 3 16 1925

20 UNDERTAKER: Samuel T. Wesley | ADDRESS 578 Eddel

Instructions on back of certificates. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 D 96304

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Etting Street ST., 17-1 WARD)

2-FULL NAME Laura Seidell

(a) RESIDENCE NO. 1217 Etting Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Seidell

6 DATE OF BIRTH (month, day, and year) July 12/84

7 AGE 40 Years	8 Months	1 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert co. md.
(State or country)

PARENTS

10 NAME OF FATHER James Seidell

11 BIRTHPLACE OF FATHER (city or town) Calvert
(State or country) Co. md

12 MAIDEN NAME OF MOTHER Laura Coates

13 BIRTHPLACE OF MOTHER (city or town) cal. co
(State or country) md

14 Informant Edith Brown
(Address) 1217 Etting St.

15 Filed MAR 16 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/1925

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to March 13, 1925; that I last saw her alive on March 13, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw. J. Wheatley, M. D.

1925 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3/16 1925

20 UNDERTAKER Saml T. Hemsley H. Biddle

ADDRESS 578

Please write very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96305

CERTIFICATE OF DEATH.

1925 D 96305

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Bay View Asylum ST., 1 WARD)

2-FULL NAME Albertina Davis

(a) RESIDENCE NO. 224 Eastern Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 10 01

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Lawrence Badke.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Caroline Meyers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Interment Harford Road Bay View Hospital

15 MAR 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13- 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-6- 1925, to 3-13- 1925.

that I last saw her alive on 3-13- 1925

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Shock. Fracture left (Over)
Acetab. & left leg.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jno. P. Chamberlain Jr. M. D.

(Address) Bay View Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	March 16 25

20 UNDERTAKER Geo. F. Rutt ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.-12-23-21-E.B.R.S.-400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96306

CERTIFICATE OF DEATH.

90 D 96306

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1609 St. Paul St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Conway

(a) Residence No. 1609 St Paul St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie M. Gore

6-DATE OF BIRTH (month, day and year) Aug 15th 1872

7-AGE. 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk. 669

(b) General nature of Industry, business, or establishment in which employed (or employer) Western Maryland R. R.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank. Conway

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Margaret Kennedy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs Nellie M. Conway

(Address) 1609 St. Paul St.

15- Filed MAR 16 1925 192 ROBERT B. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1924 to March 14 1925

That I last saw h. in alive on March 14 1925

and that death occurred, on the date stated above, at 12.30 a m

The CAUSE OF DEATH* was as follows:

General arterio-sclerosis

Chronic myocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) angina-Pectoris

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. G. Michelsen M. D.

, 19 (Address) 2230 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	March 17 1925
20-UNDERTAKER	ADDRESS
John F. Cowan & Son. John H. F. Cowan	901 Hollins St.

Spec– 12-23-21–E.B.R.S.–400 Blks.

D 96307 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96307.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Joseph's Hospital St., 9-17 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Godfrey Eichert

(a) Residence No. Philadelphia Rd + Perkington (27yrs) Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr. 5th 1912 Unknown

7-AGE. 13 yrs. 11 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Eichert

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Theresa Handschick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Wm Eichert

(Address) Decline Lane & Philadelphia Road Rosedale

15- MAR 16 1925 ROBERT R. KRAUER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-13-25

17- I HEREBY CERTIFY, That I attended deceased from 3-12-25 19.. to 3-13-25 19..

that I last saw him alive on 3-13-25 19..

and that death occurred, on the date stated above, at 3 10 P m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. ds.

18-Where was disease contracted, if not at place of death? Rosedale

Did an operation precede death? Drainage. Date of 3-13-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Geo B Eyherat M. D

19.. (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park | DATE OF BURIAL: Mar. 16 19 25

UNDERTAKER: George L. Schwab | ADDRESS: 2101 Eutaw Ave

Spec.—1-12-23—M&T—500 Bks.

D 96308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 101-001

D 96308
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 25-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Edith Kogler

(a) RESIDENCE No. Old Frederick Road Catonsville Md Oakdale Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Kogler

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) do not know Md

PARENTS

10 NAME OF FATHER Benton Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md.

12 MAIDEN NAME OF MOTHER Barbara Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant George Kogler (Address) Old Frederick Road Catonsville

15 MAR 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 23rd, 1925, to March 14, 1925, that I last saw her alive on March 14, 1925, and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 4 wks. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. F. Duca M. D.

3/14 1925 (Address) 804 Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Md. DATE OF BURIAL March 17 1925

20 UNDERTAKER Martin Baker Son ADDRESS 814 N North

Cor.—1-12-23—M&T—100 Bks.

96309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-3 101-801 D 96309

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Wilson

(a) RESIDENCE No. 2406 E. Fairmount Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertr ude Wilcon

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Gertrude Wilson
(Address) 2406 E.Fairmount Ave

MAR 16 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Probably Lobar)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J S O Watkins, M. D.
(Coroner.)

3-16-25. 192 (Address) 508 E. North A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew — DATE OF BURIAL 3-16 192 5

20 UNDERTAKER Jacl Lewis — ADDRESS 1421 E. Balto

Stoc–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96310

CERTIFICATE OF DEATH.

15-349

D 96310

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2627 Violet ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Hyman Schlossenberg

(a) Residence No. 2627 Violet ave St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Schlossenberg

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Wolf Schlossenberg

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

11- (Informant) Jack Lewis

(Address) 1439 E Baltimore

12- MAR 16 1925 ROBERT P. KRAUTER Registrar.

Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-15-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925 to March 15, 1925 that I last saw him alive on March 15, 1925 and that death occurred, on the date stated above, at 9:40 m.

The CAUSE OF DEATH* was as follows:

Cancer of lung

Carcinoma

(Duration) 1 yrs. 6 mos. ds

CONTRIBUTORY (Secondary) Exhaustion, Hemorrhage

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray, Microscopic exam

(Signed) Joseph J. Colman M. D.

(Address) 15 E Madison

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, 1925
Herrew Rosedale	3-16
20-UNDERTAKER	**ADDRESS**
Jack Lewis	1439 E Balto

D 96311

HEALTH DEPARTMENT—CITY OF BALTIMORE

96311

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hosp. ST.: 1500-09 WARD 15-9 REGISTERED No. C

2-FULL NAME Berman S Rubinstein (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1613 Warwick Ave St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	W.	Sgl

6-DATE OF BIRTH, July (Month) (Day) 1924 (Year)

7-AGE,	If LESS than 1 day,
yrs. 8 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Eli Rubinstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eli Rubinstein

(Address) 1613 Warwick Ave.

15- Filed MAR 16 1925, 191.... ROBERT R. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

March 16 1925 (Address) 1613 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	3-16 1925
20-UNDERTAKER	ADDRESS
Jack Levin	1439 E. Baltimore

Use instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96312

CERTIFICATE OF DEATH.

4-1 129 D 96312

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 N. Pine ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Veax

(a) RESIDENCE. No. 330 N. Pine ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Veax

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Lewis 1432 E. Balto.

Filed MAR 16 1925 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19 24 to March 14 19 25
that I last saw h W alive on March 14 19 25
and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocardial Insufficiency mitral Stenosis, arterio Sclerosis
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diffused Nephritis
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. A. Nicholson, M. D.

19 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rossdale	3-16-25 19

20 UNDERTAKER Jack Lewis ADDRESS 1432 E. Balto

Cor.—1-12-23—M&T—100 Bks.

D 96313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96313

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 119 N. Exeter Street ST., 5-1 WARD)

2-FULL NAME Annie Citrin

(a) RESIDENCE No. 119 N Exeter St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Citrin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isaac Citrin
(Address) 119 N Exeter St

15 Filed MAR 16 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

Exhaustion (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner.)

Mch 16. 1925 (Address) 1659 Pine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 3-16 1925

20 UNDERTAKER Post News

ADDRESS 1431 E. Balto.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96314

1-PLACE OF DEATH Church Home ~~Infirmary~~ 6 Registered No.

City of BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ella Handy (Handie)

(a) Residence No. Church Home ~~Infirmary~~ St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, white

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 14-1853

7-AGE 71 yrs. 10 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore, Md. (State or Country)

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Unknown

14- (Informant) Hospital Records

(Address) Church Home & Inf.

15- MAR 16 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 15. 25

17- I HEREBY CERTIFY, That I attended deceased from March 10 1925 to March 15 1925 that I last saw h-er alive on March 15 1925 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Cystic Adenoma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis,

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) F. W. Wagner M. D

19 (Address) Church Home & Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL 3/19 1925

20-UNDERTAKER Chas. J. Trawl & Son ADDRESS 118 W. Mt. Royal Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96315 HEALTH DEPARTMENT—CITY OF BALTIMORE

3/ D 96315

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 425 S. Hanover St., 22-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Grace Isabel Cullum

(a) Residence No. 425 S. Hanover St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct-3-1891

7-AGE. 33 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Boarding House

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Harford Co
(State or Country)..... Maryland —

PARENTS.

10-NAME OF FATHER, Alago Cullum

11-BIRTHPLACE OF FATHER (city or town) Harford Co
(State or Country) Maryland —

12-MAIDEN NAME OF MOTHER, Isabel Kennie

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country) Maryland —

14-
(Informant)..... Arthur Cullum
(Address)..... Perryman, Md. —

15-
MAR 16 1925
ROBERT R. KRAUTER,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar-14-1925

17- I HEREBY CERTIFY, That I attended deceased from
2-27 1925 to 3/14 1925
that I last saw h. alive on 3/14 1925
and that death occurred, on the date stated above, at 11 40 a m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary
+ Laryngeal
Tuberculosis —

(Duration) — yrs. 9 mos. — ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. Strausheim M. D.
3/14, 1925 (Address) 1201 Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Aberdeen. Md. DATE OF BURIAL. 3/17, 1925

20-UNDERTAKER, J. Fenwick Mc Cully ADDRESS 180 E. Fort

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 96316
1 PLACE OF DEATH

CERTIFICATE OF DEATH

14-001
REGISTERED NO. C D 96316

CITY OF BALTIMORE (No. 700 N. Fulton Ave. St.) 20 (WARD) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Dorsey Cassell.

(Residence in Baltimore: No. Home for the Aged of the M.E. Church St. ~~yrs.~~ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: July (Month) 30 (Day), 1836 (Year)

7 AGE: 88 yrs. 7 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Cassell

11 BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Rebecca Jane Ivy

13 BIRTHPLACE OF MOTHER (State or country): Wales.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Etta Cuddy

(Address) 702 N. Fulton Ave.

15 MAR 16 1925

ROBERT B. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar. (Month) 15 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1925 to March 15 1925 that I saw him alive on March 13, 1925 and that death occurred, on the date stated above, at 6.30a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ~ yrs. ~ mos. 4 ds

Contributory (SECONDARY) Arteria Sclerosis

(Duration) 5 yrs. ~ mos. ~ ds.

(Signed) George E. Shannon M. D.

March 15 1925 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery | DATE OF BURIAL: Mar 16 1925

20 UNDERTAKER: George J Smith | ADDRESS: 1532 Hollins

is very important. See instructions on back of certificate.

FILM SIZE: APPROX. 8 x 10

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96317 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96317

CERTIFICATE OF DEATH. 15-11 x 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2007 Mc Keon Ave St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Lawyer

(a) Residence No. 2007 Mc Keon Ave St., Ward Carroll Co. Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. 5 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Lawyer

6-DATE OF BIRTH (month, day and year) April 9, 1841

7-AGE. 83 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob Willett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Sarah Stonesifer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

11- (Informant) Emma L. Fowler
(Address) 2007 Mc Keon Ave

15- Filed APR 16 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 15/25

17- I HEREBY CERTIFY, That I attended deceased from Mar. 11 1925 to Mar. 15 1925

that I last saw her alive on Mar. 14 1925

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis
Mitral Regurgitation

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Mebel M. D.

Mar. 15, 1925 (Address) 1903 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Pleasant Valley Carroll Co Md	Mar. 17 1925
20-UNDERTAKER.	ADDRESS
Harry W. Ehlen	W. North Ave.

APR 16 1925 Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

D 96318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Valley ST., 10-W WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Quinn

(a) RESIDENCE NO. 928 Valley ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude L Quinn

6 DATE OF BIRTH (month, day, and year) Sept 13, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tin Decorating

(b) General nature of industry, business, or establishment in which employed (or employer) Co.

(c) Name of employer 053

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary McElwee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Mary Quinn (Address) 933 London St

15 MAR 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1924, to March 13, 1925

that I last saw him alive on March 11, 1925

and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Elsewhere

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) John D Price M. D.

3/14/25 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Mar 17 1925

20 UNDERTAKER J. C. Winfield — ADDRESS 914 Fremont Ave

Spec.—1-10-21—M&T—1500 Blks.

D 96318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Valley ST., 10-W WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Quinn

(a) RESIDENCE NO. 928 Valley ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude L Quinn

6 DATE OF BIRTH (month, day, and year) Sept 13, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tin Decorating

(b) General nature of industry, business, or establishment in which employed (or employer) Co.

(c) Name of employer 053

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary McElwee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Mary Quinn (Address) 933 London St

15 MAR 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1924, to March 13, 1925

that I last saw him alive on March 11, 1925

and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Elsewhere

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) John D Price M. D.

3/14/25 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Mar 17 1925

20 UNDERTAKER J. C. Winfield — ADDRESS 914 Fremont Ave

Please type or print. See instructions on back of certificates. — CAUSE OF DEATH

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96319

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 E Hamilton ave St., 27-12 Ward) 90

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs Maria J. Davenport

(a) Residence No. 7 E Hamilton ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) W

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of June 15 45

6-DATE OF BIRTH (month, day and year)

7-AGE, 79 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). ...

(c) Name of employer. ...

9-BIRTHPLACE (city or town) (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Joseph Baeye

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va.

12-MAIDEN NAME OF MOTHER. McNamara

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

14- (Informant) Richard A Davenport

(Address) 28 S Hanover St

15- Filed MAR 16 1925 19.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 13/25

17- I HEREBY CERTIFY, That I attended deceased from Janu 31 ..., 19 25 to Mch 13 ..., 19 25 that I last saw h W alive on March 12, 19 5 and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. — mos. — ds

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) 3 yrs. — mos. — ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Morris B. Green M. D.

3/14, 1925 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Woodlawn	March 16 1925
20-UNDERTAKER,	ADDRESS
Wm Routson	2238 N Mont

Spec.—1-10-21—M&T—1500 Bks. Mollie Johnson Mc Comas.

D 96320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 D 96320

REGISTERED NO.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johnson, Mollie, Nee McComas.

(a) RESIDENCE NO. 641 Robert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer X

641

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) do do

12 MAIDEN NAME OF MOTHER do

13 BIRTHPLACE OF MOTHER (city or town) (State or country) do do

14 Informant (Address) Bay View Hospital

15 Filed MAR 16 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14, 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 1925, to 3/14, 1925.

that I last saw her alive on 3/14, 1925

and that death occurred, on the date stated above, at 8-25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

Terminal.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Paresis, Senile

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Goldsmith M. D.

3/15 1925 (Address) Bay View Hosp,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	March 17 1925
20 UNDERTAKER	ADDRESS 322
Mrs. Katie R. Williams	N. Carrollton St.

FROM IS very important. See instructions on back of certificates. EXACT STATEMENT OF OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96321

CERTIFICATE OF DEATH.

57 D 96321

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Eastern ST., 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Pelrone

(a) RESIDENCE No. 902 Eastern ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Pelrone

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellay

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ellay

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ellay

14 Informant John Pelrone

(Address) 902 Eastern ave

15 Filed . 19 ROBERT R. KRAMER Registrar

MAR 16 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1 . 1925 . to March 14 . 1925 .

that I last saw her alive on March 14 . 1925 ,

and that death occurred, on the date stated above, at 7 P0 M. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Diabetes Mellitus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Labs

(Signed) L Artigani M. D.

. 19 (Address) 2942 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 16 1925
20 UNDERTAKER	ADDRESS
Wendell Dippel & Son	378 Mun

IMPORTANT—Read instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96322 | CERTIFICATE OF DEATH. | 148 | D 96322

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 902 Eastern ave St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa L. DeOrge

(Residence in Baltimore: No. 902 Eastern ave St.; 54 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	white	Married

6-DATE OF BIRTH. Oct 11 1894
(Month) (Day) (Year)

7-AGE. 30 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. John Petrone

11-BIRTHPLACE OF FATHER, (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Ella Excaltta

13-BIRTHPLACE OF MOTHER, (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Petrone

(Address) 902 Eastern

15-

Filed..... 192.... ROBERT R. KRAUTER, Registrar.

MAR 16 1925

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Post Puerperal

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hunton M. D.
(Coroner)

Mar 14 1925 (Address) 700 E Chase st

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	March 16 1925
20-UNDERTAKER. Wendell Oppelman	ADDRESS 37 Penn

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96323 29

CERTIFICATE OF DEATH.

100-001

D 96323

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Brown

(a) RESIDENCE No. 322 E. 22½ St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —H—

6 DATE OF BIRTH (month, day, and year) June 6, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child WM

(b) General nature of industry, business, or establishment in which employed (or employer) —H—

(c) Name of employer —H—

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gladys Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Date MAR 16 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 6, 1925 to March 15, 1925.

that I last saw her alive on March 15, 1925.

and that death occurred, on the date stated above, at 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Rickets

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Walter B. Stewart, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 17 1925

20 UNDERTAKER Mrs R. G. Elliott

ADDRESS 1725 Ashland Av

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96324

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 76-7 WARD) 100-09

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Serena Barley

(a) RESIDENCE NO. Bay View ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dent Conard

6 DATE OF BIRTH (month, day, and year) 1878(?)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47yr(?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penna (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Unknown

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 16 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1925

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1925 to March 13 1925, that I last saw her alive on March 13, 1925 and that death occurred, on the date stated above, at 8:55 a.m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

3/15, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmen Cemetery DATE OF BURIAL Mar 17 1925

20 UNDERTAKER Mrs R. G. Elliott ADDRESS 1745 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-08 D 96325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N Streeper ST., 7-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wiktorya Morawska

(a) RESIDENCE NO. 701 N Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white.

5 Single, Married, Widowed, or Divorced, (write the word): widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 24-1854

7 AGE — Years: 70 — Months: 2 — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Muzyrski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Morawska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia.

14 Informant: Wladyslaw Morawski (Address) 1712 Eastern Ave

15 MAR 16 1925 ROBERT R. KRAMER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to March 14, 1925.

that I last saw her alive on March 14, 1925.

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank Jamiszewski M. D.

3/14, 1925 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 3/17 1925

20 UNDERTAKER: William Giesfeldt 1618 Eastern Ave.

ADDRESS

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99-D 96326

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Fredk ave ST., 20-2 WARD)

2-FULL NAME Adam Dietrick

(a) RESIDENCE NO. 3114 Fredk ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Dietrick

6 DATE OF BIRTH (month, day, and year) Nov: 26. 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work See: of Building Association

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Adam Dietrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Josephine Dietrich (Address) 3114 Fredk. Ave:

15 MAR 16 1925 ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17

I HEREBY CERTIFY, That I attended deceased from February 19, 1925, to March 14, 1925, that I last saw h.. alive on March 14, 1925, and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Duration 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Gustav Dill M. D.

3/16 19 (Address) 1733 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL March 17, 1925

20 UNDERTAKER Chas W. Dill. ADDRESS 3109 Fredk: Ave:

Note—Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96327. **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31 D 96327.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 363 Ellamont St. W-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blossom Viola Buttler

(a) RESIDENCE NO. 363 Ellamont ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fulton Buttler

6 DATE OF BIRTH (month, day, and year) March 25 1902

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Crisfield Md

12 MAIDEN NAME OF MOTHER Emma Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant Emma Wilson
(Address) 363 Ellamont St.

15 Filed MAR 18 1925, 19..... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/9, 1925, to 3/14, 1925, that I last saw h[illegible]live on 3/14, 1925, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) ..... yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? N.C. Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Samuel McCleary M.D.

, 19 (Address) 332 Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem.

DATE OF BURIAL March 19 25

20 UNDERTAKER Chas. W. Dill

ADDRESS 3109 Fredk. Ave.

IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96328 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96328

CERTIFICATE OF DEATH.

5-2

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1234 Edwards St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Minnie Watson

(a) Residence No. 1234 Edwards St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6-DATE OF BIRTH (month, day and year) 1877

7-AGE. 48 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. housework 37

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Atlanta
(State or Country). Ga

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (city or town). not known
(State or Country).

12-MAIDEN NAME OF MOTHER, Dare Smith

13-BIRTHPLACE OF MOTHER (city or town). Atlanta
(State or Country). Ga

14-
(Informant) John Walker
(Address) 1234 Edwards St

15-
Filed MAR 16 1925 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 14-1925

17- I HEREBY CERTIFY, That I attended deceased from March 14, 1925 to ..., 1925

that I last saw her alive on March 14 1925

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. E. Thomas, M. D.

3-14, 1925 (Address) 822 N. Bond St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
woodlawn cemtery	marc 18 1925
20-UNDERTAKER. Edward Bryan	ADDRESS 1631 arlesno st

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 96329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99001 D 96329

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Durham ST.; 6-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Hunter

(a) RESIDENCE. No. 412 N. Durham ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucinda Savage

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant James Hunter
(Address) 412 N. Durham St

15 Filed ..... 19 ..... Registrar

MAR 16 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 16 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March 11th, 1925, to March 13th, 1925, that I last saw h[illegible] alive on ....., 1925, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob L. Winner, M. D.

3-14, 1925 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: march 18 1925

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 orleans st

Spec.—6-9-13—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96330

D 96330

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 W. Hamburg ST. 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary W. Schnefer

(a) RESIDENCE. No. 126 W. Hamburg ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 6 mos. 14 How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Schnefer

6 DATE OF BIRTH (month, day, and year) Aug 28-1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. Connors

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Charles Schnefer 126 W. Hamburg st

15 Filed . 19 Registrar

6 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 15. 1925

17

I HEREBY CERTIFY, That I attended deceased from 12.26.24 19 , to 3.15. 1925, that I last saw her alive on 3.15.25 19 , and that death occurred, on the date stated above, at 2.05A m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic Nephritis
(duration) yrs. mos. ds.
Acute Cardiac Dilatation
CONTRIBUTORY (Secondary)
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

3.16.25 (Signed) Edward Howes, M. D.

(Address) 107 E. West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Mch 18th 1925
20 UNDERTAKER	ADDRESS
Fred A Rauscher	703 Hanover St

Spec.—1-10-21—M&T—1500 Blks.

D 9633I

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9633I

CERTIFICATE OF DEATH.

161-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 11 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bowyer

(a) RESIDENCE NO. 417 W. Biddle St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Bowyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) West. Va.

12 MAIDEN NAME OF MOTHER Elizabeth Grove

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital.

15 Filed 3-6 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-1, 1925, to 3-2, 1925, that I last saw her alive on 3-2, 1925, and that death occurred, on the date stated above, at 5-00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. L. Stone, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

Write very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96332 05 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 100-201 D 96332

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Roy

(a) RESIDENCE NO. 1703 Ditman ST. South WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. ? 04

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
?	3	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) ..... —

(c) Name of employer ..... —

9 BIRTHPLACE (city or town) (State or country) ..... Maryland

PARENTS

10 NAME OF FATHER Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Thelma Roy

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Record JOHNS HOPKINS HOSPITAL

15 Filed Mar 6 1925 Robert P. Harrison Registrar

(Official Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 25

17

I HEREBY CERTIFY, That I attended deceased from February 16 1925 to March 5, 1925.

that I last saw h alive on March 5, 1925

and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Primary Bronchio-Pneumonia

(duration) ..... yrs. ..... mos 18 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) G. F. Scott M. D.

3-10 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96333 17942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 14-1 WARD)

REGISTERED NO. 15901 D 96333

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Painton

(a) RESIDENCE NO. St. Vincents Orpha WARD City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

MAR 16 1925 (2265) Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from February 11 1925 to March 11. 1925.

that I last saw him alive on March 11. 1925.

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) Life mos ds.

CONTRIBUTORY (Secondary) Operation - ventriculostomy

(duration) 1 yr 1 month ago ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/10 & 2/10

Was there an autopsy? Yes - State anatomical

What test confirmed diagnosis? Operation

(Signed) Walter B. Stewart M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL MAR 14 1925

20 UNDERTAKER

ADDRESS

FROM A very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96334

CERTIFICATE OF DEATH.

100-901 D 96334

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 76-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Cross

(a) RESIDENCE No. Bay View St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 Yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hungary (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) Hungary (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Hungary (State or country)

14 Informant Municipal Hospital Baltimore (Address)

15 Filed MAR 16 1925, 19 Robert P. Harrison Registrar

Official Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1925

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1925 to March 11, 1925

that I last saw him alive on March 11, 1925

and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W L Miller, M. D.

3/11/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL MAR 14 1925

20 UNDERTAKER ADDRESS

Commissioner of Health.

IMPORTANT. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96335 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96335

CERTIFICATE OF DEATH.

4-31

1-PLACE OF DEATH

City of BALTIMORE: (No. ..... St., ... Ward) Municipal Tuberculosis Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Riedell

(a) Residence No. 114 Market Place St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1862

7-AGE.	If LESS than 1 day,
63 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Texas

PARENTS.

10-NAME OF FATHER, Godfrey Riedell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Texas

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed 5 1925 192 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 12, 1925

17- I HEREBY CERTIFY, That I attended deceased from January 16 19 25 to March 12 19 25

that I last saw him alive on March 12 19 25

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? X-ray, sputum

(Signed) J. F. White, M. D.

3-12-1925 (Address) Municipal tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, ... 19....
UNIVERSITY OF MARYLAND	
20-UNDERTAKER, [illegible] Board of Health,	ADDRESS MAR 14 1925

0263

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96336

D 96336

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 3-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Carrington

(a) RESIDENCE No. 808 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ? 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ? (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address) Robert P. Harris

15 Filed ..., 19 Burial Permit Clerk Registrar

MAR 16 1925 (9:20) THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/ 1925

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1925, to March 4, 1925, that I last saw him alive on March 4, 1925 and that death occurred, on the date stated above, at 11:00 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos ? ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Chronic myocarditis, degenerative, myocardial insufficiency (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) W.R. Miller, M. D.

3/4/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space:)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health,

ADDRESS MAR 14 1925

THIS is very important. See instructions on back of certificates.

D 96337 HEALTH DEPARTMENT—CITY OF BALTIMORE 181-001

CERTIFICATE OF DEATH.

D 96337

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1531 E Lombard St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Jenkins

(Residence in Baltimore: No. 1531 E Lombard St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single

6-DATE OF BIRTH.

..... 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
70 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed ..... 1925 .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating Gas
Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James H. Fenton M. D.
(Coroner.)

Feb 18 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
..... 19...

20-UNDERTAKER. ADDRESS

Commissioner of Health.

UNIVERSITY OF MARYLAND
MAR 14 1925
Robert P. Harrison,
(2361 ... BOROUGH.

Cor.—1-12-23—M&T—100 Bks.

D 96338

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96338

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 219 N. Arlington Ave. St. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Hamback

(a) RESIDENCE No. 219 N. Arlington Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col'd	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Boston Hamback

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 38	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Boston Hamback
(Address) 219 N. Arlington Ave

15 Filed 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to her death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

at once

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. D. Norton M. D.
(Coroner.)

Mch 2nd 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL W.

DATE OF BURIAL MAR 14 1925

20 UNDERTAKER Health

ADDRESS

UNIVERSITY OF MARYLAND
Robert P. Harrison,
Clerk
THE MORGUE.

Spec.—1-10-21—M&T—1500 Bks.

D 96339

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96339

CERTIFICATE OF DEATH

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 5-2-38 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME John Smith

(a) RESIDENCE NO. 1126 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	?	?	

8 OCCUPATION OF DECEASED ?

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ? (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed MAR 16 1925, 19 Robert P. Hartigan Registrar

(1:259) Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8 1925

17 — I HEREBY CERTIFY, That I attended deceased from Mar 5, 1925, to Mar 8, 1925, that I last saw him alive on Mar 8, 1925, and that death occurred, on the date stated above, at 5 15/8 m.

The CAUSE OF DEATH* was as follows:

Chronic Colitis

Chronic myocarditis

Secondary Anemia. (duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Mar 8 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Wm. Teale M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health ADDRESS

Per Wm. R. WOODALL

This is very important. See instructions on back of certificates.

pec—12-23-21—E.B.R.S.—400 Bks.

96340

HEALTH DEPARTMENT—CITY OF BALTIMORE 96340

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1335 N. Strieker St. 12-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Allen

(a) Residence No..... St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. black

5-Single, Married, Widowed or Divorced. (Write the word.) ~~Infant~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3/11/25

7-AGE. ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Enow Jackson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Dolly Jackson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Dolly Allen

(Address) 1335 N. Strieker St.

15- Filed ..... 192.....

6 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/13/25

17- I HEREBY CERTIFY, That I attended deceased from 3-11- 19 25 to 3-12 19 25

that I last saw h~~im~~ alive on 3-12 19 25

and that death occurred, on the date stated above, at 9 0 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) M. Alexander Wolf M. D.

3/13, 19 25 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19....

20-UNDERTAKER. Robert P. Harrison, Deputy Commissioner of Health.

ADDRESS

MAR 16 1925

Dep. Wm. E. Woodall

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96341 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 96341

CERTIFICATE OF DEATH.

8-3 104-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 1502 N. Collington Ave St., 8 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Farace

(a) Residence No. 1502 N Collington Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 23 1916

7-AGE. 8 yrs. 5 mos. 22 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Attended

(b) General nature of industry, business, or establishment in which employed (or employer): St Catherines Hosp

(c) Name of employer:

9-BIRTHPLACE (city or town) Louis (State or Country), Md

PARENTS.

10-NAME OF FATHER, James D. Farace

11-BIRTHPLACE OF FATHER (city or town) Italy (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Sadie Ryan

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) Mr James D. Farace

(Address) 1502 N. Collington Ave

15- Filed 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1925 to March 15 1925

that I last saw her alive on March 14 1925

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Tonsilitis (Streptococcus)

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) yrs. mos. 16 ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John L. Fenby M. D

3/15, 1925 (Address) 3572 Jeffmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: March 18, 1925

20-UNDERTAKER: Henry Hoen, Son — ADDRESS: 501 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

D 96342

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96342

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 184 W. Mulberry St. 70-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Klemm

(a) RESIDENCE NO. 184 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wm Klemm

6 DATE OF BIRTH (month, day, and year) Nov. 12 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Fredk Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Saxony

12 MAIDEN NAME OF MOTHER Ernestine Bofinus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Saxony

14 Informant Mrs Oliver H. Watts (Address) 1871 W. Mulberry St

15 Filed ( ) . 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 21 . 1925 to March 14 . 1925 . that I last saw her alive on March 13 . 1925 . and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Over 2 mos ✓ ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry Cohen M. D.

(Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar 17 1925
20 UNDERTAKER Wm Wickline Sons	ADDRESS Hagerstown Md

Be sure to write on back of certificates. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96343

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96343

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Powhatan Ave ST., 15 - 11-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angienora McNamara

(a) RESIDENCE NO. 3402 Powhatan Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29 1835

7 AGE — Years: 89 — Months: 9 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dorchester Co Md

PARENTS

10 NAME OF FATHER: Asbury McNamara

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susan Fallin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mr. W. Roy Mueller 3402 Powhatan Ave.

15 Filed ..... 19 ..... Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/4, 1925, to 3/15, 1925, that I last saw her alive on 3/14, 1925, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion due to Senile Cystitis Sclerosis & Decubitus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Decubitus & Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Mar 15 1925 (Address) 2536 Sarmouth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Mar 17 1925

20 UNDERTAKER: Wm J Tucker Sons — ADDRESS: North St

Sec. 2. Every important error in or omission of any of the particulars required to be registered shall be corrected upon the certificate of death, upon the request of the informant, by the registrar of the district in which the death occurred, or by the State Registrar, and the person making such correction shall write his name and official title in ink on the back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96344

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96344

CERTIFICATE OF DEATH.

101-0-61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5006 Ferndale Ave (St.) 28-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alan S. Callowhill

(a) RESIDENCE No. 5006 Ferndale Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Callowhill

6 DATE OF BIRTH (month, day, and year) Mar. 17 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Thos. S. Callowhill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harold S. Callowhill (Address) 5006 Ferndale Ave

15 Filed Mar 16 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1925, to March 14, 1925, that I last saw h[illegible] alive on March 14, 1925, and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia -

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Joseph Zeiler M. D.

3/16/25 (Address) 1 E 3 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL Mar 17, 25

20 UNDERTAKER Wm J Tucker & Sons ADDRESS Norfolk Va

Back of certificates. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96345

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96345

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N. Fulton Ave ST., 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Howell

(a) RESIDENCE NO. 716 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan E. Howell

6 DATE OF BIRTH (month, day, and year): Apr. 5, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commercial Traveler

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Carroll Adams & Co. 886 Balto

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm. Henry Howell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Virginia Magruder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. S. Robt. Howell

(Address) 716 N. Fulton Ave

15 Filed: MAR 16 1925, 19

Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 16 1925

17

I HEREBY CERTIFY, That I attended deceased from for past 10 days to , 19 ; that I last saw him alive on 15th Mar 1925 ; and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Chron Gastro Enteritis in 1924 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? City

Did an operation precede death? No Date of May 1924

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) T. A. Hill, M. D.

19 (Address) 1208 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Mar 18 1925

20 UNDERTAKER: Wm. J. Pickerdyke

ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Bks.

D 96346

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96346

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 W. Lombard ST. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah C. Burch

(a) RESIDENCE No 1704 W. Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Burch

6 DATE OF BIRTH (month, day, and year) Sept 24 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	+	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co Va

PARENTS

10 NAME OF FATHER George Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Ann Kitson Bagwell

13 BIRTHPLACE OF MOTHER (city or town) Accomac Co (State or country) Va

14 Informant Annie K. Scott

(Address) 1704 W. Lombard st

15 6 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 4 , 1923 , to March 15 , 1925 , that I last saw her alive on Jan. 23 , 1925 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) John A Buchanan, M. D.

, 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 18 1925
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W Northaven

Read reverse side of certificates. Note very important. See instructions on back.

D 96347.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96347.

CERTIFICATE OF DEATH.

146

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4210 Eastern ave St. 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine B. Hennigan

(Residence in Baltimore: No. 4210 Eastern ave St.; 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	white	Married

6-DATE OF BIRTH. March (Month) 19 (Day) 1903 (Year)

7-AGE. 21 yrs. 11 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE. (State or Country). Sparrows Point

PARENTS.

10-NAME OF FATHER. michael Pasco

11-BIRTHPLACE OF FATHER. (State or Country) Austria

12-MAIDEN NAME OF MOTHER. Maria Kravinia

13-BIRTHPLACE OF MOTHER. (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leroy J. Hennigan

(Address) 4210 Eastern ave

15-

Filed 1925 19.. Robert F. Harrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 18 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Puerperal Septicaemia

(Duration) .. yrs. .. mos. 20 ds.

CONTRIBUTORY (Secondary) Abortion by accidently falling (Duration) .. yrs. .. mos. 24 ds.

(Signed) Jno. M. Fenton M. D. (Coroner.)

March 18 1925 (Address) 700 E. Chase St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Carmel Cem.	March 18th 1925

20-UNDERTAKER.	ADDRESS
Lilly & Zulu 1103	S. Wolfe St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96348

CERTIFICATE OF DEATH.

D 96348

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST. 26-7 (WARD)

REGISTERED NO. 101-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Filomena Trotta

(a) RESIDENCE. No. 3926 E Pratt St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carmens Trotta

6 DATE OF BIRTH (month, day, and year) July 12, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Tony Regis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa Regis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Carmens Trotta

(Address) 3926 E Pratt St

15 Filed MAR 16 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to March 14, 1925, that I last saw her alive on March 14, 1925, and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Myron G. Tull, M. D.

3/14 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	March. 17 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96349 D 96349

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1406 (St.) E. Carey (Ward) 21 - 2 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura J. Fisher

(a) RESIDENCE No. 1406 E. Carey ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward J. Fisher

6 DATE OF BIRTH (month, day, and year): Dec. 23. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	70	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Sansant

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Foss.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Va

14 Informant: Mrs. William E. Smith

(Address) 1406 E. Carey

15 6 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1925. to March 14 1925.

that I last saw h[illegible] alive on March 13 1925

and that death occurred, on the date stated above, at 6-10 A. m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Pneumonia

(duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 3 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Llewellyn M.D.

19 (Address) 11 New Cross

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — DATE OF BURIAL: March 17 1925

20 UNDERTAKER: Knox Bros. John H. Deufel & Son. — ADDRESS: 801 W. Fayette

On back of certificates.

Spec.–1-10-21 M&T 1500 Bks.

D 96350

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 Powell ave. St. Raspeburg-W WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patricia McDermott

(a) RESIDENCE No. 40 Powell Ave. ST., Raspeburg WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 26th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	—	—	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John J McDermott

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Clara E. Griggs

13 BIRTHPLACE OF MOTHER (city or town) Kingsbridge
(State or country) Maryland

14
Informant John J McDermott
(Address) 40 Powell ave. Raspeburg

15
Filed March 16 1925 Robert P. Harrison Registrar
Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17
I HEREBY CERTIFY, That I attended deceased from March 12, 1925, to March 14, 1925,
that I last saw h.r alive on March 14, 1925,
and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

Acute Suppurative Mastitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr J Leo Wildermuth M. D.

March 16, 1925 (Address) 1900 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	March 17 25
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	Fullerton

Spec.—1-10-21—M&T—1500 Blks.

D 9635F

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

D 9635F

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 W Camden St ST., 27-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Domencia Zazzara

(a) RESIDENCE No. 330 W Camden St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ##########################

6 DATE OF BIRTH (month, day, and year) July 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	22	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hswk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Peter Zazzara

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Louise M ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant John Dimarco

(Address) 300 w Camden St

15 Filed Robert P. Harrison, Registrar

6 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to March 16 1925

that I last saw h[illegible] alive on March 15, 1925,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza (Pulmonary)

Supposed Cause for Consideration

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Valentine M. D.

, 19 (Address) 1318 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincents Cem	3/18/25
20 UNDERTAKER	ADDRESS
John J Fahey & Sons	1318 Light St

Read instructions on back of certificates.

FILE • ARK • S

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96352

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 19-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Howard

(a) Residence No. 1722 W. Franklin st. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Marrie(

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Howard

6-DATE OF BIRTH (month, day and year) 1887 (?)

7-AGE.	If LESS than 1 day,
38 (?) yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Howard

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Georgia

12-MAIDEN NAME OF MOTHER, Mamie Williams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed 6 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch. 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 9 19 25 to March 15 1925

that I last saw h Im alive on March 15 1925

and that death occurred, on the date stated above, at 1.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray & Sputum

(Signed) J. F. White M. D.

3-15-1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	Mar 17 1925

20-UNDERTAKER.	ADDRESS
Adolphus Hasted	157 Aisquith ave. Catonsville Md.

Spec.—1-10-21—M&T—1500 Bks.

D 96353

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96353

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. 936

CITY OF BALTIMORE: (No. Rayner ave and ~~Edmondson Ave~~ 1025 E. Baltimore St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hopkins

(a) RESIDENCE No. 1324 Waldon ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 30 hrs. How long in U. S., if of foreign birth? yrs. mos. 30 hrs.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 14/1925

7 AGE	Years	Months	Days	If LESS than 1 day 30 hrs. or ... min.
	—	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Baltimore Gen Hosp

PARENTS

10 NAME OF FATHER John Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anna Doring

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Hospital Record

(Address)

15 Filed 6 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17

I HEREBY CERTIFY, That I attended deceased from March 14 1925 to March 15 1925

that I last saw her alive on March 14 9:45 am 1925

and that death occurred, on the date stated above, at 9:45 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jas Kirkland Watson, M. D.

(Address) Md Baby Hosp Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL March 17 25

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Rd.

Be sure to write in ink. Use typewriter if possible. Be very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S—400 Bks.

D 96354 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3642 Elm Ave St., 13-4 31 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Susie E. Shauck.

(a) Residence No. 3642 Elm Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob N. Shauck.

6-DATE OF BIRTH (month, day and year) June 17-1867

7-AGE.	If LESS than 1 day,
57 yrs. 8 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Peter Radley.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER, Mary Cooper.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa.

14- (Informant) Jacob Shauck
(Address) 3642 Elm Ave.

15- Filed ..... 192 .....
Registrar.

MAR 16 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 16th 1925

17- I HEREBY CERTIFY, That I attended deceased from January 7th, 1925, to March 16th, 1925, that I last saw her alive on March 16th, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm. Conrad Bode, M. D.

. 19 (Address) 1900 Maryland ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Mays, Hamden	March 19 1925
20-UNDERTAKER.	ADDRESS.
Forrest H. Pudge	363 Falls Rd.

Spec.—1-10-21 M&T 1500 Blks.

D 96355

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96355

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 E. Lafayette Ave ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Stinchcomb

(a) RESIDENCE No. 2233 E Castle St ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Stinchcomb

6 DATE OF BIRTH (month, day, and year) July 16. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Amsheim

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant John Stinchcomb (Address) 2433 Lafayette Ave

15 Filed MAR 6 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1923 to March 16, 1925, that I last saw her alive on March 13, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

about 2 yrs. mos ds. (duration)

CONTRIBUTORY (Secondary) Pelvic Fibroid

about 3 yrs. mos. ds. (duration)

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Neal Keller M. D.

3/16, 1925 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Bluff Cemetery Md	Mar 8 1925
20 UNDERTAKER John Taylor	ADDRESS Annapolis Md

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96356

CERTIFICATE OF DEATH.

161-001

D 96356

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Penn Ave ST.: 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Taylor

(a) RESIDENCE. NO. 1144 Penn Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14-1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ethel Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert County Md.

14 Informant Ethel Taylor
(Address) 1144 Penn ave

MAR 17 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/14, 1925, to 3/15, 1925, that I last saw h[illegible] alive on 3/15, 1925, and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nathan Mann, M. D.

3/15, 1925 (Address) 1300 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3-17-25
20 UNDERTAKER	ADDRESS
Daniel Easton	914 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

Trumb Newell

HEALTH DEPARTMENT—CITY OF BALTIMORE

96357

CERTIFICATE OF DEATH.

101-001

D 96357

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Moyer ST., 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irvin Newell

(a) RESIDENCE NO. 2032 Moyer ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertie Newell

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contracting on street

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Bertie Newell

(Address): 2032 Moyer St

15

MAR 17 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-16-1925

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to March 16, 1925, that I last saw h alive on March 15, 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Grippe

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Clyde Barnes, M. D.

3-16-25 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 3-18-25

20 UNDERTAKER: Dan'l Easton — ADDRESS 916 E

IMPORTANT. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96358

1-PLACE OF DEATH

City of BALTIMORE: (No. 504 W. West St., 21-3 Ward) Registered No. 1001

2-FULL NAME Annie Keys

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 504 W. West St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	Married

5a-If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of William Keys

6-DATE OF BIRTH (month, day and year) May 8, 1873

7-AGE.	If LESS than 1 day,
51 yrs. 10 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer.....

9-BIRTHPLACE (city or town) Montgomery (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Wallace

11-BIRTHPLACE OF FATHER (city or town) Montgomery (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Hattie Wallace

13-BIRTHPLACE OF MOTHER (city or town) Montgomery (State or Country), Maryland

11-Informant) Frederick Warner

(Address) 524 W. West

15-

MAR 17 1925 BUCKL R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 13-1925

17- I HEREBY CERTIFY, That I attended deceased from Mar-9, 1925 to Mar-13, 1925

that I last saw her alive on Mar-13, 1925

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dan Trunchon M. D.

3/14, 19 25 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
W.W. Cemetery	3-17-, 19 25
20-UNDERTAKER. Dan Tarkin	ADDRESS 916 Co ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96359 — 100-001 — D 96359

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 353 Camel alley Ward) 11-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucille Riley

(Residence in Baltimore: No. 353 Camel Alley St.; yrs. ..... mos 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH: Feb. 20, 1925 (Month) (Day) (Year)

7-AGE: ....yrs. ....mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): ppa

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS:
10-NAME OF FATHER: Philemon Riley
11-BIRTHPLACE OF FATHER, (State or Country): S. C.
12-MAIDEN NAME OF MOTHER: Edith Jordon
13-BIRTHPLACE OF MOTHER, (State or Country): S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. P. Riley
(Address) 353 Camel alley

15- MAR 17 1925 ROBERT R. PRENTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 14 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. mos. 7 ds.
(Secondary) CONTRIBUTORY no other history
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. C. O. Kennedy M. D.
(Coroner)
March 16, 1925 (Address) 2 80 Eden Street

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
M. D. Auburn Co.	3-17-1925
20-UNDERTAKER: Daniel Easton	ADDRESS 916 Mc

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96360
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

D 96360
Registered No. C.....

City of BALTIMORE: (No. 546 W. Preston St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta P. Brown

(Residence in Baltimore: No. 546 W. Preston St. St.; yrs. 29 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): married

6-DATE OF BIRTH: about (Month) (Day) 1898 (Year)

7-AGE: 26 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Balto. Md.

PARENTS:

10-NAME OF FATHER:

11-BIRTHPLACE OF FATHER. (State or Country): Unknown

12-MAIDEN NAME OF MOTHER:

13-BIRTHPLACE OF MOTHER. (State or Country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Parrish

(Address) 1430 Druid Hill Ave

15- MAR 17 1925 ROBERT K. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 14, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): no other history.

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.
(Coroner)

March 15 1925 (Address) 28 Greenmount Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Union Bethel DATE OF BURIAL. 3/18/25 19

20-UNDERTAKER: Daniel Eaton & Sons ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96361

CERTIFICATE OF DEATH.

D 96361

8 - 4 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N. Bond ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm T. Smith Sr.

(a) RESIDENCE NO. 1203 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Smith

6 DATE OF BIRTH (month, day, and year) Mar 7/48

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Ice Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm T. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Elizabeth A. Smith

(Address) 1203 N. Bond St

15 MAR 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 9, 1925, to Mch 13, 1925, that I last saw him alive on Mch 13 1925, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Walter Roe, M. D.

3/16, 1925 (Address) 240 E Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL 3/17 1925

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans

Fill in very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96362

CERTIFICATE OF DEATH.

D 96362

1-PLACE OF DEATH 3934 Trinity St. 9-1 88

REGISTERED NO.

CITY OF BALTIMORE: (No. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Beatrice Hanscom

(a) RESIDENCE. NO. 3934 Trinity St. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Henry Charles Hanscom

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1896.

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	28	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Geo. E. Biddison

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Ella. Warfield

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant H. C. Hanscom (Address) 3934 Trinity St.

15 Filed ... 19... ROBERT R. KRAUTER, Registrar

MAR 17 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1925, to March 16, 1925, that I last saw h[illegible] alive on March 16, 1925, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Myocarditis, Acute cardiac decompensation (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Harold E. Wright, M. D.

3/16, 1925 (Address) 3939 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	3/19 1925

20 UNDERTAKER Philip Henry ADDRESS 2016 Orleans St.

BACK OF CERTIFICATE.—SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96363

CERTIFICATE OF DEATH.

X 101-001 D 96363

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 11-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Brooks

(a) RESIDENCE NO. Spaniard Point ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred —yrs. — mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Groveland County (State or country) Va.

PARENTS

10 NAME OF FATHER Tim Brooks

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Bethlehem Steel Co.
(Address) Sparrows Pt. Md

15 Filed MAR 17 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-25 19

17

I HEREBY CERTIFY, That I attended deceased from 2-19-25, 19, to 3-16-25, 19,

that I last saw ~~him~~ alive on 3-15-25, 19,

and that death occurred, on the date stated above, at 2:15 p. m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

Acute dilatation of heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Spaniard Point

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

, 19 (Address) 425 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Maidens, Va. Via Chesapeake Line	Mar 17 1925
20 UNDERTAKER John F Denny	ADDRESS 715 Light

(Front is very important. See instructions on back of certificates.)

Phillips

D 96364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21-001

D 96364

1-PLACE OF DEATH

City of BALTIMORE: (No. 1730 Ashburton St. 15-9 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Ann Phillips

(Residence in Baltimore: No. 1730 Ashburton St.; yrs. 6 — 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.): Single

6-DATE OF BIRTH: March 9 1911 (Month) (Day) (Year)

7-AGE: 6 yrs. — mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): ND

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Chas L Phillips

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Ida L Kerr

13-BIRTHPLACE OF MOTHER, (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaret Keen

(Address) 1730 Ashburton St

15-

Filed ..... 192.. HUGH R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16 1925 (Month) (Day) (Year)

17- "I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cerebro Spinal Meningitis 10 hrs (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia Tuberculosis (Duration) yrs. mos. ds.

(Signed) H. L. Hamme Jr M. D. (Coroner.)

March 17 192 5 (Address) 2312 Eutaw Pl

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	3/18/25 19

20-UNDERTAKER. Peter F. Dietz

ADDRESS 1723 Pratt St

Spec– 12-23-21–E.B.R.S.–400 Bks.

D 96365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96365

1-PLACE OF DEATH

City of BALTIMORE: (No. 2722 Harlem Av St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Francis McClatchy

(a) Residence No. 2722 Harlem Av St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred 5/12 yrs. – mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or)~~ WIFE of Laura M. McClatchy

6-DATE OF BIRTH (month, day and year) July 9. 1854

7-AGE. 70 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer .....

9-BIRTHPLACE (city or town) Balto. (State or Country), Md

PARENTS.

10-NAME OF FATHER, John McClatchy

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country), Md

12-MAIDEN NAME OF MOTHER, Rachel Sewell

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md.

14- (Informant) Mrs Laura M. McClatchy

(Address) 2722 Harlem Av

15- ROBERT R. KRAUTER,

MAR 17 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 14. 1925

17- I HEREBY CERTIFY, That I attended deceased from March 12 1925 to March 14 1925

that I last saw h. alive on March 14 1925

and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. T. Hennessy M. D.

March 15, 1925 (Address) 2802 Eastern Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Loudon Park Cemetery	March 17 1925
20-UNDERTAKER,	**ADDRESS**
Jos Joerdens Son	2078 Pace

Cor.—1-12-23—M&T—100 Bks.

D 96366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74D-001
74D 96366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 W. Fayette ST., 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P. Bryan X

(a) RESIDENCE NO. 2132 W. Fayette ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred (5) yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 1st 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	8	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) So. Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Christian Feigh (Address) 2132 W. Fayette St.

15 Filed MAR 17 1925, 192 ... Registrar ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by the Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Half hour yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

(Signed) Lewis B. Norton, M. D. (Coroner.)

Mch 16th 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional data.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Mar 17 1925

20 UNDERTAKER F. B. Wippert ADDRESS 1850 W. Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96367

CERTIFICATE OF DEATH.

90 D 96367

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1304 E. Monument St.; 10-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Taylor

(Residence in Baltimore: No. 1304 E. Monument St.; 11 yrs., ' mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	B	Married

6-DATE OF BIRTH, March 10, 1881.
(Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Washington Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lizzie Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Taylor

(Address) 1304 Monument St.

15-
Filed MAR 17 1925 ROBERT R. KRAUTER,
Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1925, to Mar 10 1925, that I saw h[illegible] alive on Mar 10 1925, and that death occurred, on the date stated above, at 10:15 p.m.

The CAUSE OF DEATH* was as follows:

Ch. myocarditis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) acute dilatation

(Duration) yrs. mos. 1 ds.

(Signed) C. H. Houston M. D.

3/17, 1925. (Address) 733 Augusta St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem.	March 18, 1925
20-UNDERTAKER	ADDRESS
Mrs. J. G. Locks	1302 Jefferson

Spec.—1-12-23—M&T—500 Bks.

D 96368

HEALTH DEPARTMENT—CITY OF BALTIMORE

1615 01

D 96368

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy O'Connor

(a) RESIDENCE NO. Md Ave & Woodward Drive ST. Essex WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3 months			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank O'Connor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know

12 MAIDEN NAME OF MOTHER
" " "

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant Frank O'Connor
(Address) Md Ave & Woodward Drive

15 Filed MAR 17 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16— 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 19th, 1925, to March 16th, 1925, that I last saw him alive on March 16th, 1925, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

— Inanition —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Newman B Friedman, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemt.	Mar 17 1925

20 UNDERTAKER Lilly & Zeiler Co ADDRESS 113-23 W Fayette st

Spec.—1-10-21—M&T—1500 Bks.

D 96369 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 D 96369

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 W. Pratt ST., 19-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME EVHENIA MICHASUK

(a) RESIDENCE No. 1327 W Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Merried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Steoan Michasuk

6 DATE OF BIRTH (month, day, and year) Noknow 1902

7 AGE 23 Years Months Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Vasili Shalai

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Noknow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Stepan Michasuk

(Address) 1327 W Pratt Street

15 Filed MAR 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1925

17

I HEREBY CERTIFY, That I attended deceased from August 1. 1925, to March 16 1925.

that I last saw her alive on March 16 1925.

and that death occurred, on the date stated above, at 9.10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edgar C. Travers M. D.

, 19 (Address) 500 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: March 19. 1925

20 UNDERTAKER: John Grebliauckas F.D. — ADDRESS: 425 S Paca St

Burial Permit Given

FOR A VERY IMPORTANT See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

Conyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96370

CERTIFICATE OF DEATH.

129 D 96370 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1025 Calhoun (St.) 16-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Conyer

(a) RESIDENCE. No. 1025 Calhoun St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. Conyer—

6 DATE OF BIRTH (month, day, and year) ~~Unknown~~

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~70~~ 54	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 07°

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mary E. Chargo (Address) 1025 Calhoun St.

15 FILED MAR 17 1925 ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/3 1925, to 3/16 1925, that I last saw h[illegible] alive on 3/16 1925, and that death occurred, on the date stated above, at 8:40 A m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis
Acute pneumonia

(duration) yrs. 3 mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno. R. Lutts, M. D.

3/16, 1925 (Address) 2134 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	3/18/25
20 UNDERTAKER	ADDRESS
Wm. Geo. H. Holland	1631 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96371

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96371

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 14-31 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Rodgers

(a) Residence No. 1416 Argyle ave. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6-DATE OF BIRTH (month, day and year): 1892

7-AGE: 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): 02

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS

10-NAME OF FATHER: Willie Gonings

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Anna Rodgers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia

14-Informant: Hospital Records

(Address): M.T.H.

15-Filed MAR 17 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mch. 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 5 1925 to Mch. 15 1925 that I last saw him alive on Mch. 15 1925 and that death occurred, on the date stated above, at 3.50 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyopneumothorax (Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Sputum

(Signed) T. B. Whaley M. D.

3-15-25. (Address) Municipal Tbc Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 3/19/25

20-UNDERTAKER: Wm. Geo. R. Holland

ADDRESS: 1631 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

D 96372

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1207 Druid Hill Ave St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Tucker

(a) Residence No. 1207 Druid Hill Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Color	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Tucker

6-DATE OF BIRTH (month, day and year) March 20-1879

7-AGE.	If LESS than 1 day.
46 yrs. — mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Isaac Webb

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Harriett Scott

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Luther Tucker

(Address) 1207 Druid Hill Ave

15- MAR 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 16 1925

17- I HEREBY CERTIFY, That I attended deceased from March 9 1925 to March 16 1925

that I last saw h-e alive on March 16 1925

and that death occurred, on the date stated above, at 8:10P m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 8 ds

Broncho pneumonia

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 5 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Garland Schmelz M. D.

March 17, 1925 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Lukes Reisterstown Md	3/20/25

20-UNDERTAKER. ADDRESS

Wm. Geo. E. Holland 1631 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96373 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-001 D 96373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 15R Hare st St., 6-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Leinkuhler

(a) Residence No. 15R Hare st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Albert H Leinkuhler

6-DATE OF BIRTH (month, day and year) June 21-1849

7-AGE, 76 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Rattman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Rumary

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Anna Bowers

(Address) 2107 Arlans st

15- Filed, MAR 17 1925 19.. ROBERT P. KRAUS Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-14-25

17- I HEREBY CERTIFY, That I attended deceased from March 1 19 25 to 3-14 19 25

that I last saw h.. alive on 3-14 19 25

and that death occurred, on the date stated above at 8:30 m.

The CAUSE OF DEATH* was as follows: La Grippe

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 11 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Fred Smith M. D.

(Address) 1501 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Oak Lawn Cem DATE OF BURIAL, Mar 16 19 25

UNDERTAKER, Jas C. Miller & Son ADDRESS 2538 E Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

D 96374 1925

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96374

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N Wolfe ST., 6-2 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alonzo E Evans

(a) RESIDENCE NO. 125 N Wolfe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Evans

6 DATE OF BIRTH (month, day, and year) Sept 8, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79		6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain U S A

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Mitchell Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret O'Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard C Evans
(Address) 125 N Wolfe St

15 Filed MAR 17 1925 19.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923. 19.. to March 15. 1925.
that I last saw h/m alive on March 15. 1925.
and that death occurred, on the date stated above, at 8.30 P m.
The CAUSE OF DEATH* was as follows:

Sarcoma of right upper extremity

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 1924
~~Was there an autopsy?~~ amputation of right upper extremity

What test confirmed diagnosis?

(Signed) J H Grosheans M. D.
3/16. 1925 (Address) 3100 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 18 1925
20 UNDERTAKER	ADDRESS
Jno C Miller & Son	2334 Jefferson

Note—Very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96375

CERTIFICATE OF DEATH.

3| D 96375

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Ramsay ST., 20-4 WARD)

2-FULL NAME Alma M. Kondner

(a) RESIDENCE NO. 2107 Ramsay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Kondner

6 DATE OF BIRTH (month, day, and year) Sept. 11-1898

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (3)

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles F. Biggerow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa A. Ringeis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles J. Kondner

(Address) 2107 Ramsay St

15 Filed MAR 17 1925 19

ROBERT R. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Mar 14, 1925, that I last saw h alive on Mar 14, 1925, and that death occurred, on the date stated above, at 3-18 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Abscess

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sputum Exam

(Signed) James L. Kerr M. D.

3/16, 1925 (Address) 1724 E. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Mar. 17 1925

20 UNDERTAKER George L. Schwab ADDRESS 2401 Frederick Ave

Note—It is very important that all questions be answered. See instructions on back of certificates.

Spec– 12-23-21–E.B.R.S.–400 Bks.

D 96376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 96376

1-PLACE OF DEATH St. Joseph's Hospital

City of BALTIMORE: (No. ..... St. 10-2 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Holden

(a) Residence No. 921 E. Preston St., Ward .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. MALE

4-COLOR OR RACE. WHITE

5-Single, Married, Widowed, or Divorced, (Write the word.) SINGLE

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 27 1873 I don't know

7-AGE. 52 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Supt of Sewage Disposal
(b) General nature of industry, business, or establishment in which employed (or employer). do
(c) Name of employer. Baltimore City

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Michael Holden

11-BIRTHPLACE OF FATHER (city or town) Ireland (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Smith

13-BIRTHPLACE OF MOTHER (city or town) Ireland (State or Country),

14- (Informant) Agnes Holden
(Address) 921 E. Preston St.

15- MAR 17 1925 ROBERT R. KRAUTER Registrar.
Bureau of Records

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 15 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925 to Mar. 15, 1925, that I last saw h. alive on Mar 15, 1925 and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Hypertension
Chronic Nephritis
Chronic myocarditis
(Duration) 8 yrs. ... mos. ... ds

CONTRIBUTORY (Secondary) .....
(Duration) ... yrs. ... mos. ... ds

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) P. B. Sylvest M. D.
19 (Address) Ft. Mc Henry

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Mar. 17 19 25

DATE OF BURIAL.

20-UNDERTAKER. Wm. Genis & Carroll

ADDRESS 1202 Ridgewood Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96377

CERTIFICATE OF DEATH.

185

D 96377.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3411 Holmes Ave St., 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zelda Mirtenbaum

(a) Residence No. 3411 Holmes Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Mirtenbaum

6-DATE OF BIRTH (month, day and year) 1830

7-AGE. 95 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) S. C. Rosenthal

(Address) 4001 Lawrence Ave

15- Filed MAR 17 1925 193 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/16/25

17- I HEREBY CERTIFY, That I attended deceased from March 5, 19 25 to March 16, 19 25

that I last saw h alive on March 16 19 25

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Shock from accident complicated with Senility,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured neck of Hip.

(Duration) yrs. mos. 11 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

(Address) 14 So Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Friendship Cem. DATE OF BURIAL. 3/17 19 25

20-UNDERTAKER, Jack Lewis 1409 ADDRESS Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96378

CERTIFICATE OF DEATH.

D 96378

16-8

1-PLACE OF DEATH

City of BALTIMORE: (No. 1115 S. East Avenue St., Ward) Registered No.

2-FULL NAME Helen . Ratajczak

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1115 S. East Avenue St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced ~~Xxxxxxx~~ WIFE of Joseph. Ratajczak

6-DATE OF BIRTH (month, day and year) Feb. 8 1886

7-AGE. 39 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Anthony. Socki

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Anna. Koprowski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14- (Informant) Mr. Joseph. Ratajczak Husband
(Address) 1115 S. East Avenue

15- Filed MAR 17 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/15/25

17- I HEREBY CERTIFY, That I attended deceased from March 15, 1925 to March 15 1925 that I last saw her alive on March 15 1925 and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) D. B. Bronshtas M. D.

3-16, 1925 (Address) 3037 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Stanislaus Cem. DATE OF BURIAL, March 18 1925

20-UNDERTAKER, John McWeber ADDRESS 1803 Bank St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96379

CERTIFICATE OF DEATH.

3/ D 96379

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 12-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madeline Jefferson

(a) Residence No. 308 E. 23½ street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1906

7-AGE: 19 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Hall Jefferson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Julu simms

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Maryland

14-

(Informant): Hospital records

(Address): M.T.H.

15-

Filed 19 Registrar. ROBERT R. KRAUTER

MAR 17 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mch. 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12 19 25 to Mch. 14 19 25

that I last saw h.er alive on Mch. 14 19 25

and that death occurred, on the date stated above, at 8.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? HO Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) T. B. Whaley M. D.

3-15-1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL. 19

20-UNDERTAKER: Commissioner Health.

ADDRESS MAR 17 1925

Per. Wm. E. WOODALL

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96380

CERTIFICATE OF DEATH.

3/ D 96380

1-PLACE OF DEATH

City of BALTIMORE: (No. 4205 Maine Ave. St., 28-2 Ward) Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME James Howard Chambers.

(a) Residence No. 4205 Maine Ave. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 20 1904

7-AGE. 21 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James H. Chambers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Anna M. Dallmeyer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balt. Md

11- (Informant) James H. Chambers

(Address) 4205 Maine Ave

15- MAR 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 15 1925

17- I HEREBY CERTIFY, That I attended deceased from April 1921 to Mch 15 1925 that I last saw him alive on Mch 15 1925 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary - Laryngeal Intestinal Tuberculosis also of Larynx and Hip

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Hip at eight years of age

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation, etc

(Signed) A. C. Lemmon M. D.

Mch 15 1925 (Address) 4509 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Druid Ridge	Mar. 18 1925

20-UNDERTAKER,	ADDRESS
Wm Cook	502 E Hamilton

Spec.—1-10-21—M&T—1500 Bks.

Dr Von Ende, 846 N 16th St.

D 96381

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96381

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3313 Caine ST., 13-4 WARD)

2-FULL NAME John W Carey

(a) RESIDENCE NO. 3313 Caine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M Carey

6 DATE OF BIRTH (month, day, and year) Mar 9, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Frederick, Md

PARENTS

10 NAME OF FATHER Cary Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Carey (Address) 3313 Caine St

15 MAR 17 1925 ROBERT R. KRAUTER, Registrar

Local Parcel Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 4 1925, to Mar 15, 1925.

that I last saw him alive on Mar 15 1925

and that death occurred, on the date stated above, at 4-10 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis and

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of /

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Sudbrink, M. D.

3/16, 1925 (Address) 846 N 16th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stone Chapel	Mar 18 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Madison

Note—Very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96382

101-001
D 96382

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. 33rd & Calvert St. St., 27-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Richard Coe

(a) Residence No. Post Office Station, Roland Park St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Jan. 25, 1876

7-AGE. 48 yrs. mos. ds.

If LESS than 1 day, hrs. or. mln.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Wm. Bruce Cotton

9-BIRTHPLACE (city or town) (State or Country), England

PARENTS.

10-NAME OF FATHER, Wm. Coe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) Wm. Bruce Cotton

(Address) Roland Park

15- Filed ..... 192... ROBERT R. KRAUTER, Registrar.

MAR 17 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 16, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 13, 1925 to March 16, 1925 that I last saw h. alive on March 16, 1925 and that death occurred, on the date stated above, at. 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B. Jayne M. D.

, 19 (Address) U M H

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge — DATE OF BURIAL, Mar. 18, 1925

20-UNDERTAKER, Wm. Leach Sons & Smith — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96383

CERTIFICATE OF DEATH.

1-3 129

D 96383

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 910 S. Curley St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Becker

(a) Residence No. 910 S. Curley St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 43 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced. (Write the word.) W.

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE Isidor Becker

6-DATE OF BIRTH (month, day and year) Sept. 15, 1845

7-AGE. 79 yrs. 6 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country). Austria

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Austria

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Austria

14- (Informant) Louis Becker

(Address) 910 S. Curley at

Filed MAR 17 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1925 to Mar 15 1925

that I last saw her alive on Mar 15 1925

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) Gradual yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tutlow M. D.

3/16, 1925 (Address) 315 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Sacred Heart	Mch 18 1925
20-UNDERTAKER.	ADDRESS
Zirkler & Zirkler	1739 Eager

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96384

CERTIFICATE OF DEATH.

90 D 96384

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 918 S. Ellwood Ave St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blanchard

(a) Residence No. 918 S. Ellwood Ave St., 1 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widow or Widower, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Blanchard

6-DATE OF BIRTH (month, day and year) Feb. 27-1838

7-AGE 87 yrs. — mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At home

(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto., Md

PARENTS.

10-NAME OF FATHER. Michael Doock,

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

11- (Informant) Mimie Jensen

(Address) 1116 S. East ave

15- Filed MAR 17 1925 ROBERT R. MAGRUDER, Social Service Bureau Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 16-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1925 to March 16 to 25

That I last saw h... alive on March 16 to 25

and that death occurred, on the date stated above, at 2:10 P M.

The CAUSE OF DEATH* was as follows:

Cardiac asthma
(Myocarditis)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated heart

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jno M° Away M. D.

Mch 17 1925 (Address) 639 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Carmel	Mch 18 1925
20-UNDERTAKER.	ADDRESS
Burkler & Girkler	1739 E. Eager

Spr... 1/0/11 ...T—1500 Blks.

D 96385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96385

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 18-2 WARD)

2-FULL NAME Mary Kerner

(a) RESIDENCE NO. 40 S Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE: Years: 69 yrs. Months: Days: If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Timothy Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Tierney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Municipal Hospital Records (Address)

15 MAR 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1925, to March 16, 1925.

that I last saw her alive on March 16, 1925

and that death occurred, on the date stated above, at 3:30 p m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis, auricular fibrillation, myocardial insufficiency

(duration) yrs. 2 mos. (History) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W L Miller, M. D.

3/17/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: March 19 1925

20 UNDERTAKER: George J. Smith — ADDRESS 1032 Hollins St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96386 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 96386

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2935 N Calvert St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Morris Laws

(a) Residence No. 2935 N Calvert St., 12 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds How long in U. S., if of foreign birth? 50 yrs. 2 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Erma Manhart Laws

6-DATE OF BIRTH (month, day and year) Jan-6-1875

7-AGE, 50 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Ottawa Kansas

PARENTS.

10-NAME OF FATHER Dr. Wm. Russell Laws

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Accomac Co. Virginia

12-MAIDEN NAME OF MOTHER Alacia Costlis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Accomac Co. Virginia

14- (Informant) Mrs Irma M. Laws - (wife)

(Address) 2935 N Calvert St

15- MAR 17 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mch 16th 1925

17- I HEREBY CERTIFY, That I attended deceased from Mch 15 1925 to Mch 16th 1925

that I last saw h... alive on Mch 16th 1925

and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Duodenum

& Head of Pancreas

Uremia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) none

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Jan 16th 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jefferson Buck M. D.

3/17 1925 (Address) 2544 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St. John's (Waverly) DATE OF BURIAL, Mar 19 1925

20-UNDERTAKER STEWART & WOODEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

D 96387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 D 96387

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2912 N. Calvert ST., 17 WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Burns

(a) RESIDENCE NO. 2912 N Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jany 23rd 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Orlando Dufur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Frederick

12 MAIDEN NAME OF MOTHER Rebecca [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Jennie Burns

(Address) 2912 N Calvert St

15 Filed MAR 17 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15-25

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1925, to March 15, 1925,

that I last saw h[illegible] alive on March 15th, 1925,

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxiation - Illuminating Gas

(duration) 1/2 hour yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxiation

(duration) 1/2 hour yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical Symptoms

(Signed) [illegible], M. D.

, 19 (Address) 607 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL May 17, 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

Note—It is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec– 12-23-21–E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96388

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

179 D 96388

Registered No.

City of BALTIMORE: (No. 1109 Somerset St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hiebler

(a) Residence No. 1109 Somerset St., 10 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~Mary~~ WIFE of Peter Hiebler

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE About 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, Andrew Reising

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Johanna Haedel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Mr. Peter Hiebler

(Address) 1109 Somerset St.

15- Filed MAR 17 1925 per ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 16 1925

17- I HEREBY CERTIFY, That I attended deceased from March 15th 1925 to March 16th 1925 (that I last saw h[illegible] alive on March 16th 1925 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cystic Formation Ovaries

Cancer very Extensive

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) [illegible] M. D

Mar 17 1925 (Address) 1801 Eager St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph's Cemetery Md Pvtly Sell DATE OF BURIAL Mar 20 1925

20-UNDERTAKER, Henry Horak Sons ADDRESS 1201 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96389

CERTIFICATE OF DEATH.

49 D 96389

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St.) 11-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie E. Chapman

(a) RESIDENCE NO. 206 E. Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 1859

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or....min.
65	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milliner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Chapman

11 BIRTHPLACE OF FATHER (city or town) Belfast (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary Chapman
(Address) 206 E. Chase St.

15 MAR 17 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 27, 1925, to March 16, 1925, that I last saw h alive on March 15, 1925, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis from pressure on trachea of carcinoma Thyroid

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Carcinoma Thyroid

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? City

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy

(Signed) Geo A Stewart M. D.

Mar 16, 1925 (Address) 2427 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount — DATE OF BURIAL Mar 18 1925

20 UNDERTAKER W. C. Wiedefeld — ADDRESS 914 Greenmount

Instructions on back of certificate. Items in black type are very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96390

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96390

+ 185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. Calvert and 33 Street St., 17-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Sarah De Somoskeoy

(a) Residence No. Salisbury, Maryland St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6-DATE OF BIRTH (month, day and year) Sept. 12. 1924

7-AGE. ....yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED Child

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Salisbury. Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Victor H. DeSomoskeoy

11-BIRTHPLACE OF FATHER (city or town) New York (State or Country),

12-MAIDEN NAME OF MOTHER, Elvira Hasenguss

13-BIRTHPLACE OF MOTHER (city or town) Riga. (State or Country), Lattvia Europe

14- (Informant) Hospital Records

(Address).....

15- Filed ....192.... Robert P. Harrison, Registrar.

7 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 17. 1925

17- I HEREBY CERTIFY, That I attended deceased from March 16. 1925 to March 17 1925

that I last saw her alive on March 17, 1925

and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage.

O.K. Corner J. J. Morrissey

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Accidental Fall (over)

(Duration) ....yrs. ....mos. 4 ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of.....

Was there an autopsy? Yes.

What test confirmed diagnosis?.....

(Signed) M. D. Walsh M. D.

March 17. 1925 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury Md — DATE OF BURIAL: Mar. 17. 1925

20-UNDERTAKER: Harry E. Watkins — ADDRESS: 130 Fremont Ave

D 96391

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Penn & Pratt St., 25-90 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August H Weller

(Residence in Baltimore: No. 252 md ave Milford St., yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March (Month) 3 (Day) 1884 (Year)

7-AGE.	If LESS than 1 day,
41 yrs. 0 mos. 13 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Electrician

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. John C. Weller

11-BIRTHPLACE OF FATHER. (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Margaret Decker

13-BIRTHPLACE OF MOTHER. (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Weller

(Address) 252 Maryland ave

15- Filed ..... 7 1925 19..... Robert F. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) W K Grinnalds M. D.
(Coroner.)

3-17 1925 (Address) 1717 W Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	March 19 1925

20-UNDERTAKER.	ADDRESS
Hamp H Witzke	1531 W Lanvale

Spec.—1-10-21—M&T—1500 Bks.

D 96392

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96392

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3524 Fredk Ave ST., 70-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose M Thalwitzer

(a) RESIDENCE NO. 3524 Fredk Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George L Thalwitzer

6 DATE OF BIRTH (month, day, and year) Sept 30 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A Huber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George L Thalwitzer

(Address) 3524 Fredrick Ave

15 7 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov, 1924, to Mar 15, 1925,

that I last saw her alive on Mar 15, 1925

and that death occurred, on the date stated above, at 10:55 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Duncan P Alexander M. D.

, 19 (Address) 3326 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	3/17/25
20 UNDERTAKER	ADDRESS
George A Tevis Fulton & Fayette	

FROM IS VERY important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 VD 96393

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Edmondson Ave. ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna. M. Ricketts.

(a) RESIDENCE No. 3018 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elmer T. Ricketts

6 DATE OF BIRTH (month, day, and year) Aug 28 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas A. Keelan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Catherine M Richter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Thomas. A Keelan. (Address) 3018 Edmondson ave

15 Filed 1 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 8 . 1924 . to Mar 15 . 1925 .

that I last saw her alive on Mar 14 1925

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Examination

(Signed) John A. Hubbard M. D.

(Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral.

DATE OF BURIAL 3-18 1925

20 UNDERTAKER James Dignan & Son

ADDRESS 1000 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

D 96394 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96394

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N Arlington ave ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Lenz.

(a) RESIDENCE NO. 600 N Arlington ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lenz.

6 DATE OF BIRTH (month, day, and year) April 20 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER D. H. Radtke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Radtke Thielbar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Clara Radtke

(Address) 600 N Arlington ave.

17 1925 Filed ....., 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to March 14, 1925, that I last saw he alive on March 16, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin Mears, M. D.

May 16, 1925 (Address) 1517 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Druid Hill Park	3-18-1925
20 UNDERTAKER E & B Hasle	ADDRESS 115 E Mount St.

FOR A FULL STATEMENT OF THE LAW RELATING TO CERTIFICATES, SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—1-10-21—M&T—1500 Bks.

(Hesterberg)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96395

D 96395

CERTIFICATE OF DEATH

49

1-PLACE OF DEATH Municipal Hospital Boy View

REGISTERED NO. .....

CITY OF BALTIMORE: (No Boy View Hospital St. 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Hesterbery

(a) RESIDENCE NO. 13 Union Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) Boy View Hospital Records

15 Filed ..... 19 ..... Registrar

R 1 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-21, 1925, to 3-15, 1925, that I last saw her alive on 3-15, 1925 and that death occurred, on the date stated above, at 12 35 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

..... (duration) ..... yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Reuben R Jensen, M. D.

3/16, 1925 (Address) Boy View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk	3-18 1925

20 UNDERTAKER Mrs Chas A J Rohde

ADDRESS Arlington Md

SECTION 18 is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 96396

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 James ST., 25-3 WARD) 179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mathais Palmer

(a) RESIDENCE No. 2308 James ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Freles Palmer

6 DATE OF BIRTH (month, day, and year) aug 11-1847

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant E Heyler

(Address) 2308 James St

15 Filed 7 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby 1 1925 to Mch 15 1925

that I last saw him alive on Mch 15 1925

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo L McKieffer, M. D.

Mch 17 1925 (Address) 2320 Eutaw Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 3/18/25

20 UNDERTAKER Geo Leimbach & Son — ADDRESS 247 W Pratt St

How to fill out this certificate is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96397

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96397

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 George St ST.: 17-2 WARD)

2-FULL NAME Louise Elizabeth Johnson

(a) RESIDENCE NO. 758 George St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr S Johnson

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	1889			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 10 01

(c) Name of employer

9 BIRTHPLACE (City or town) Balto City
(State or country) Colored Roberts

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Hetta Young

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mr S Johnson
(Address) 758 George St

15 Filed 7 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1924, to March 16, 1925, that I last saw her alive on March 11th, 1925, and that death occurred, on the date stated above, at 12:30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W Garrish Franks, M. D.

3/16, 1925 (Address) 441 Liberty Hyson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3-18 19 25
20 UNDERTAKER	ADDRESS
Dent Corbin	Ba me

...on back of certificates.

Spec. 1-10-21—M&T—1500 Bks.

D 96398

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96398

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 N. Caroline ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah White

(a) RESIDENCE NO. 38 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Laura White

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years 28 yrs. Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer at

(b) General nature of industry, business, or establishment in which employed (or employer): Sparrows Point

(c) Name of employer: Sparrow Point Co.

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Laura White

(Address): 38 N. Caroline St

Filed MAR 17 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 9 1925 to Mar 15 1925

that I last saw him alive on Mar 14 1925

and that death occurred, on the date stated above, at 11 Pm m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Richard Gaskins, M. D.

, 19 (Address) 514 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bremo Bluff Va

DATE OF BURIAL: 3/18 1925

20 UNDERTAKER: Daniel Easton

ADDRESS: 916 Pa Ave

Note—Every question must be answered. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

179887

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96399

CERTIFICATE OF DEATH.

100-001

D 96399

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 21-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Mathews

(a) RESIDENCE NO. 1305 Carroll St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan - 1924

7 AGE: Years / Months 2 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mable Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL.

17 Filed 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1925

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to March 16, 1925; that I last saw him alive on March 16, 1925, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 3-18-25

UNDERTAKER: David Martin

ADDRESS 956 Ca ave

How to fill out certificates. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 96400 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96400

CERTIFICATE OF DEATH. 146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corinne Brown

(a) RESIDENCE NO. 1004 N. Arlington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 3) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Brown

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Raymond Brown (Address) 1004 Arlington Ave

15 Filed 1 7 1925, 192 Robert F. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis-Septicemia

(Autopsy at Hopkins Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Abortion-cause undetermined (duration) yrs. mos. ds.

(Signed) K. H. Slemons, M. D. (Coroner.)

3-17-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 3-18-25

20 UNDERTAKER Dent Easton — ADDRESS 96 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96401

D 96401

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Seilings

CITY OF BALTIMORE: (No. Seilings Sanatorium St., 1 Arlington WARD) 45

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Cole

(a) RESIDENCE NO. Rosegal Heights WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Cole

6 DATE OF BIRTH (month, day, and year): About

7 AGE: Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inmate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Isaac Culbertson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Barlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary E. Culbertson

(Address) 28 S. Edwards

15 Filed , 19

Robert P. Harrison, Registrar

Burial Permit Clerk

1 7 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1925, to Mar. 16, 1925, that I last saw h alive on Mar. 16, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Cachexia & Dehydration (duration) 0 yrs. 7 mos. 0 ds.

18 Where was disease contracted if not at place of death? Dept of Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. A. Kraus, M. D.

3/7 1925 (Address) 700 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Mar 19 25

UNDERTAKER: Wilkerson & Co

ADDRESS: E Baltimore

How to fill out certificates. Read instructions on back of certificates. Items 1 to 15 are very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Bks.

D 96402

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96402

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 104 Kennedy Ave. 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Edgard Angel

(a) RESIDENCE No. 104 Kennedy Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Angel

6 DATE OF BIRTH (month, day, and year): July 23 1863

7 AGE: Years 62 Months 1 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer: John C Patterson

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Angel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Amelia Rafferty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mary E Angel

(Address) 104 Kennedy

15 Filed 1925, 19 Robert P. Garrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17 1925

17 I HEREBY CERTIFY, That I attended deceased from April, 1924, to Mch 17, 1925, that I last saw him alive on Mch 16, 1925, and that death occurred, on the date stated above, at 8 50 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sigmoid

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. J. Kunzig, M. D.

, 19 (Address) 2700 Hartford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Mch 20 1925

20 UNDERTAKER: William Cook Sons & Nathan

ADDRESS

How is very important. See instructions on back of certificates.

Spec- 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96403

D 96403

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary 21-12 Registered No.....

City of BALTIMORE: (No..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry H. Keil

(a) Residence No. 1231 N. Caroline St. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Wh.

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Cecelia Keil

6-DATE OF BIRTH (month, day and year): Aug 23 1856

7-AGE: 69 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Sewing Machine adjuster

(b) General nature of Industry, business, or establishment in which employed (or employer): 886

(c) Name of employer: Mr. Fleischner

9-BIRTHPLACE (city or town)... (State or Country): Newark N.J.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town)... (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town)... (State or Country): Unknown

14- (Informant): Cecelia M. Keil

(Address): 1231 N. Caroline

15-

Filed ..... 192.....

Registrar.

7 1925

Robert F. Carlson,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3-17-25

17- I HEREBY CERTIFY, That I attended deceased from February 14 1925 to March 17, 1925, that I last saw him alive on March 17 1925, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, stomach with extension to pancreas and metastasis to regional lymph glands

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(Duration) ..... yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Henry V. P. Wilson Jr. M.D. M. D.

, 19 (Address) Church Home & Infirmary.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Mar 20, 1925
20-UNDERTAKER, William Cook	ADDRESS 502 E North Ave

Spec–12-23-21–E.B.R.S.–400 Bks.

D 96404

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 918 Belair Road St., 10-2 Ward) Registered No. 44

2-FULL NAME Charles Edward Burkhardt (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 918 Belair Road St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Minnie Burkhardt

6-DATE OF BIRTH (month, day and year) Jan 15 1864

7-AGE. 61 yrs. 2 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Western Trust Co 062

9-BIRTHPLACE (city or town) (State or Country): Pikesville Md

PARENTS.

10-NAME OF FATHER: Anthony Burkhardt

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-(Informant) Minnie Burkhardt
(Address) 918 Belair Road

15-
17 1925 192 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 19 25 to June 16 19 25
that I last saw h.. alive on Mar 16 19 25
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Starvation & Toxaemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of Stomach

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Smith M. D.
3/17/25 19 (Address) 4 Hilltop Lane

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	March 19 19 25
20-UNDERTAKER	ADDRESS
Jos Joerdens Son	2478 E. Pra.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96405

CERTIFICATE OF DEATH.

90 D 96405

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3313 Chestnut Ave. ST., 13 WARD)

2-FULL NAME Christina H. Leas

(a) RESIDENCE NO. 3313 Chestnut Ave. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelius Leas

6 DATE OF BIRTH (month, day, and year): May 17 1853

7 AGE — Years: 71 — Months: 10 — Days: 15 — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Abram Klimper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Holland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Holland

14 Informant: Mrs. Lyla Leas (Address) 3313 Chestnut Ave.

15 Filed ..... 19 ..... Registrar

7 1925

Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1925

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to March 16, 1925, that I last saw her alive on March 16 - 1925, and that death occurred, on the date stated above, at 9.25 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Acute congestion
10 yrs + (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac dilatation
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam & X ray

(Signed) ..... M. D.

3/17, 1925 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Grace M. E. Chestnut Ridge — DATE OF BURIAL: March 19, 25

UNDERTAKER: Horace G. Burgee — ADDRESS: 3631 Falls Road

FROM is very important. See instructions on back of certificates.

Cor.—1-12-28—M&T—100 Bks.

D 96406

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. 1883-4

CITY OF BALTIMORE, (No. Homewood Hospital ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard S. Thompson

(a) RESIDENCE NO. 3945 Roland ave ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leora D. Thompson

6 DATE OF BIRTH (month, day, and year) June 22-1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Ice Cream Co
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER John L. Thompson

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Hannah E. Conner

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Geo. H. Bigham
(Address) 3702 Hickory Ave.

15 Filed 1-7 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture skull
Automobile accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Morrison M. D.
(Coroner.)
Mar 17 1925 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Maup, Hampden	March 18 1925

20 UNDERTAKER	ADDRESS
Horace H. Burgee	631 Fallsway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96407

CERTIFICATE OF DEATH.

124 D 96407

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1333 Bolton St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Yarnall Thomas

(a) Residence No. 1333 Bolton St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? 73 yrs. 5 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Edgar Thomas

6-DATE OF BIRTH (month, day and year) March 16 1851

7-AGE. 73 yrs. 5 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer). none

(c) Name of employer. none

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Richard Henry Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country). A. A. Co. Maryland

12-MAIDEN NAME OF MOTHER. Phoebe Clapp

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). New York New York

14-

(Informant). Richard H. Thomas (son)

(Address). 3348 Gilman Avenue

15-

RUEBERT R. KRAUTER,

MAR 16 1925 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 16, 1925

17- I HEREBY CERTIFY, That I attended deceased from ..... 19 23 to MARCH 16 19 25

that I last saw h[illegible] alive on MARCH 16, 19 25

and that death occurred, on the date stated above, at 10-00 m.

The CAUSE OF DEATH* was as follows:

ARTERIOSCLEROSIS

HYPERTANSION

CHR. NEPHRITIS

(Duration) 5+ yrs. — mos. — ds.

CONTRIBUTORY (Secondary) MYOCARDIAL INSUFFIC.

(Duration) — yrs. 1 mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L. Dorsey M. D.

, 19 (Address) 1129 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Parkwood Cem. Md. DATE OF BURIAL 3/18/25.

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96408
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

10-001

D 96408
Registered No.

City of BALTIMORE: (No. 1726 W. Franklin St St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Queen

(a) Residence No. 1726 W. Franklin St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Negro

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: 23

6-DATE OF BIRTH (month, day and year): 3/23/1922

7-AGE: 1 yrs. 11 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Unemployed
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: William Queen

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Goldie Wright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md.

14- (Informant): William Queen
(Address): 1726 W. Franklin St.

15- MAR 18 1925 ROBERT E. KRANTZ
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3/16/1925

17- I HEREBY CERTIFY, That I attended deceased from March 15th, 19.., to March 16th. 1925

that I last saw her alive on 16th. 1925, 19..,

and that death occurred, on the date stated above, at 4:40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Exposure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1618 W. Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Mar. 18. 1925

20-UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1725 Eutaw

D 96409 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1367 Woodyear St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Barnes

(Residence in Baltimore: No. 1367 Woodyear St. St.; yrs. mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. August 3, 1865
(Month) (Day) (Year)

7-AGE. 59 yrs. 7 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 940
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). St. Mary's Co. Md.

PARENTS.

10-NAME OF FATHER. Richard Barnes

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Julia Carroll

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie Brown.

(Address) 1367 Woodyear St.

15- MAR 18 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued by

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 15, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

March 16 1925 (Address) 1802 Eutaw St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Marys Co Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Prison Prop St Mary Co Md	March 18 1925
20-UNDERTAKER. Mrs Jas. H. Dennis	ADDRESS 1303 Pierstman St.

123 per T. E. Kilson

Spec.—1-10-21—M&T 1500 Bks.

(Jerome Staylor)

D 96410

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-0 D 96410

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2023 Robb ST., 9-H (WARD)

2-FULL NAME Jerome Staylor

(a) RESIDENCE NO. 2023 Robb ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child.

6 DATE OF BIRTH (month, day, and year) 12/12/1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	4	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Staylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Maria Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant James Staylor (Address) 2023 Robb St

15 Filed ....., 19 ..... RUTH R. KRAUSE Registrar

MAR 18 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/25

17 I HEREBY CERTIFY, That I attended deceased from Feb 28/25, 19..., to Feb 16/25, 19...

that I last saw him alive on Feb 15/25, 19...

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Scarlet Fever

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Thomas H Kolb, M. D.

Feb 16/25 (Address) 1103 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: George J Ruth 1735 Hanford

DATE OF BURIAL, 19...

20 UNDERTAKER: Baltimore Pem

ADDRESS 3/18/25

IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96411 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 96411

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

City of BALTIMORE: (No 2003 Hennison St., 15-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lawrence Aaron

(a) Residence No. 2003 Hennison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 18 1888

7-AGE. 37 yrs. - mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work W & Robins & Son

(b) General nature of industry, business, or establishment in which employed (or employer) Oil Co

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Columbus S Aaron

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Marie Schenkle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) Columbus S Aaron

(Address) 2003 Hennison st

15-

Filed 192

Registrar.

MAR 18 1925 ROBERT H. KRAUSE M.D. Burial Permit Issued by Josiah Lyser

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 17/25

17- I HEREBY CERTIFY, That I attended deceased from March 16 1925 to March 17 1925

that I last saw him alive on March 17 1925

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Lober pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. 9 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Tibbett M. D.

March 17, 1925 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Mar 20 1925

20-UNDERTAKER	ADDRESS
Josiah Lyser	1600 ar North Ave

Spec.—1-10-21—M&T—1500 Bks.

D 96412 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96412

11-8

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4409 Maine Ave ST., West Forest Park WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Kleinhenne.

(a) RESIDENCE NO. 4409 Maine Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Kleinhenne

6 DATE OF BIRTH (month, day, and year) Dec. 19. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	83	2.	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer ---

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick W. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Boitmeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant August Kleinhenne
(Address) 416 London Ave

15 Filed MAR 18 1925 ROBERT H. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17. 1925

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to March 17, 1925; that I last saw h alive on March 16, 1925; and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Senile Decay.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw Grunsfeld M. D.

(Address) 517 London

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park.	March 19. 1925

20 UNDERTAKER Mr. & Mrs John H. Leufel & Son

ADDRESS 80 N. Fayette St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96413 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96413

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1748 Montpelier st., 9-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John Cunzeman

(a) Residence No. 1748 Montpelier st., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Husband Henriette Cunzeman

6-DATE OF BIRTH (month, day and year) June 10 1870

7-AGE. 54 yrs. 7 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Tinner

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 084

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Adam Cunzeman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaretta Hammond

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Henriette Cunzeman

(Address) 1748 Montpelier st

15- MAR 18 1925 ROBERT R. KRAUTER, Registrar.
~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 10, 1925 to Mar 16 1925 that I last saw h[e] alive on Mar 16 1925 and that death occurred, on the date stated above, at 2.30 pm

The CAUSE OF DEATH* was as follows:

Extension of Tumor

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of Throat

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Innes M. D.

3/17/1925 (Address) 4 W Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Olivet Cemetery	Mar 19 1925
20-UNDERTAKER,	ADDRESS
Louis Heimann	325 Broadway

96414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 V D 96414

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST.; 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Rasche

(a) RESIDENCE. No. 1656 Darley Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 11, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ernest Rasche

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hattie England

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Ernest Rasche 1656 Darley Ave

15 Filed MAR 18 1925 19 Registered ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17 1925

17

I HEREBY CERTIFY, That I attended deceased from March 17 1925 to March 17 1925 that I last saw her alive on March 17 1925 and that death occurred, on the date stated above, at 3:20 p m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Nasal, Pharyngeal & Laryngeal (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of

Was there an autopsy? No.

What lest confirmed diagnosis? Positive Nasal Culture

(Signed) Myron G. Feel, M. D.

3/17 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	May 8 1925

20 UNDERTAKER	ADDRESS
Henry J. Nitzke	553 W. Conduit

Note.—Use back of certificates. See instructions on back. Items 1 to 20 inclusive are very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96415

CERTIFICATE OF DEATH

80 D 96415

1-PLACE OF DEATH St Vincent Dep Infants

CITY OF BALTIMORE, No. 1401 Division St. ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Liska

(a) RESIDENCE No. 1401 Division St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Chas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Liska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant St Vincent Dep Infants (Address) 1401 Division St

15 MAR 18 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1924, to March 16, 1925, that I last saw him alive on March 15, 1925 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. R. Goldsborough, M. D.

, 19 (Address) 2923 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethlehem Cem

DATE OF BURIAL March 16

20 UNDERTAKER Martin Fuhrer & Son

ADDRESS 1827 W North Ave

SECTION 14 very important. See instructions on back of certificates. PAGE NUMBER OF OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

D 96416

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96416

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2672 Wilkins Ave ST., 20-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. DeVeau, Jr.

(a) RESIDENCE NO. 2672 Wilkins Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma De Veau

6 DATE OF BIRTH (month, day, and year) Jan 18, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn, N.Y. (State or country)

PARENTS

10 NAME OF FATHER Geo. W. DeVeau Sr.

11 BIRTHPLACE OF FATHER (city or town) Brooklyn, N.Y. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Healey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scottland

14 Informant Thelma De Veau (Address)

15 Filed MAR 18 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1924, to Mar 17, 1925, that I last saw h i Malive on March 17, 1925, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 4 yr.(?)

Tubercular Meningitis 2 weeks

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan M. D.

(Address) Edward V. Coolahan, 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Mar 19 1925
20 UNDERTAKER E Schloman & Son	ADDRESS 1034 Fremont Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96417

CERTIFICATE OF DEATH.

101-09

D 96417

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 3-4 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen Hatchet

(a) RESIDENCE NO. 902 S. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m.	Col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 14 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethelehem Steel Co.

9 BIRTHPLACE (city or town) Danville,
(State or country) Va.

PARENTS

10 NAME OF FATHER Harvey Hatchet

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Sallie Slade

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va —

14 Informant Bethlehem Steel Co
(Address) Sparrows Pt Md

15 Filed MAR 18 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14- 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-14-, 1925, to 3-14-, 1925,

that I last saw h alive on 3-14-, 1925,

and that death occurred, on the date stated above, at 11.25 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos 3 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sparrows Pt. Md

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) George C. Page, M. D.

, 19 (Address) 1816 Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville Va

DATE OF BURIAL March 18 1925

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

IRON is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96418

CERTIFICATE OF DEATH.

60-001 D 96418

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) Hebrew Hospital (St.) 15-9 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rose Speert

(a) RESIDENCE No. 2361 W. North ave (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Single

(b) General nature of industry, business, or establishment in which employed (or employer) Left School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Speert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ella Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Speert
(Address) 1439 E Baltimore St

15 MAR 18 1925 RUELL H. KNAPP Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/25 19

17 I HEREBY CERTIFY, That I attended deceased from 2/15/25, 19 ..... to 3/18/25, 19 .....

that I last saw h e alive on 3/18/25, 19

and that death occurred, on the date stated above, at 6 AM m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/17/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson M. D.

3/18, 19 25 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rehrersdown Ave	3/19 19 25
20 UNDERTAKER Jack Levin 1439 E Balt	ADDRESS

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96419

CERTIFICATE OF DEATH.

101-001

Registered No. D 96419

1-PLACE OF DEATH
City of BALTIMORE. (No. 2025 Euxton St., 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle Cohen

(a) Residence No. 711 W Lexington St., Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Manus Cohen

6-DATE OF BIRTH (month, day and year) Apr. 1. 1892

7-AGE 23 yrs. 11 mos. 18 ds. | If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.
10-NAME OF FATHER, Moses Enton
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia
12-MAIDEN NAME OF MOTHER, Ima Burkel
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Augusta Enton
(Address) 2025 Euxton

15- Filed MAR 18 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Deputy.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/18/25

17- I HEREBY CERTIFY, That I attended deceased from March 12 1925 to March 18 1925
that I last saw h[illegible] alive on March 18 1925
and that death occurred, on the date stated above, at 1.40 a.m.
The CAUSE OF DEATH* was as follows:
Myocarditis

(Duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Pleuro-Pneumonia
(Duration) yrs. mos. 26 ds.

18-Where was disease contracted if not at place of death? /
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Wm F Jones M. D
3/18/25 (Address) 340 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mehren Southern | DATE OF BURIAL. 3/18 1925

20-UNDERTAKER. Jack Lewis 1439 Eutaw St | ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

D 96420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96420

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (St.) 15-3 (Ward) 100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Schilling Shiling

(a) RESIDENCE NO. 3446 Pennhurst (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 12-1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Benj Shiling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Shapiro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Benj Shiling (Address) 3446 Pennhurst

15 Filed MAR 18 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-16, 19 25, to 3-18, 19 25,

that I last saw h[illegible] alive on 3-14, 19 25,

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	3/18 1925
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E Balt

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ... be properly classified.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96421

D 96421

CERTIFICATE OF DEATH.

5-23

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1408 McElderry St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjman A Smith

(a) Residence No. 1408 McElderry St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6-DATE OF BIRTH (month, day and year) Jan 10th 1908

7-AGE. 17 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): O
(c) Name of employer: O

9-BIRTHPLACE (city or town) (State or Country), Balto Co.

PARENTS.

10-NAME OF FATHER, Sam. Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER, Bertha russell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto co

11- (Informant) Bertha Smith
(Address) 1408 McElderry to

15- MAR 18 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 14-25

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1925 to March 14 1925 that I last saw h[illegible] alive on March 14 1925 and that death occurred, on the date stated above, at 2-10 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhages of Lungs
Tuberculosis of Lungs.
(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (Duration) yrs. 4 mos. 10 ds.

18-Where was disease contracted if not at place of death? Balto Co. Md.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr J W Kennard M. D
3-14. 1925 (Address) 708 Enver St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Balto Co. DATE OF BURIAL: March 19 25

20-UNDERTAKER: Milton Davis ADDRESS: 314 N Eden St

FILED

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96422 CERTIFICATE OF DEATH. 23 D 96422

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Grammer

(a) RESIDENCE NO. ? ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 18 1925 19 ROBERT E. KRAUSE, Special Deputy Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1925, to March 16, 1925, that I last saw him alive on March 16, 1925 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Post Encephalitic Epilepsy

(duration) yrs. 3 mos ds. (history)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. L. Miller M. D.

3/17/19 25 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 18 1925 19

20 UNDERTAKER

ADDRESS

Commissioner Health

FOR WM. R. WOODALL

1—TION is very important. See instructions on back of certificates. ...ing of property classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

D-96423 HEALTH DEPARTMENT—CITY OF BALTIMORE D-96423

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ward 4-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Karfgin

(a) RESIDENCE NO. 612 Water ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Karfgin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records

(Address)

MAR 18 1925

ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1925

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1925, to March 16 1925, that I last saw him alive on March 16, 1925, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W.L. Miller, M. D.

3/17, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL Mar 18th 1925

20 UNDERTAKER Commissioner of Health. ADDRESS MAR 18 1925

Disinterred and buried in Holy Cross Harford Road by Wm Cook Co. SD & E Roth.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

Dr Howard Garrison + Bullock

D 96424

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96424

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3929 Boarman Ave ST., 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Josephine Gilpin

(a) RESIDENCE NO. 3929 Boarman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Gilpin

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Llewellyn Jones

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Sarah C. McCartney

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant M Jones

(Address) 3929 Boarman Ave

15 Filed ..., 19.... ROBERT R. KRAUTER, Registrar

MAR 18 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16 1925

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1925, to March 16 1925, that I last saw he alive on March 16, 1925, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Hearn, M. D.

Mar 17, 1925 (Address) 3907 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL Mar 18, 1925

20 UNDERTAKER W. A. Cook — ADDRESS 902 E Fayette St

ITION is very important. See instructions on back of certificates. EXACT STATEMENT OF OCCUPA-

Spec- 12-23-21- E.B.R.S.—400 Bks.

D 96425

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 96425

CERTIFICATE OF DEATH.

153

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. St., 17-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Everhart

(a) Residence No. 2203 Barclay St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer). Auto.

(c) Name of employer. White Motor Car Co.

9-BIRTHPLACE (city or town) (State or Country). Texas.

PARENTS.

10-NAME OF FATHER. Unknown.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Texas

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Texas

14- (Informant) Fred T. Everhart

(Address) 1437 Riverside Ave

15- MAR 18 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-17-25

17- I HEREBY CERTIFY, That I attended deceased from Mar. 13 1925 to Mar 17 1925

that I last saw her alive on 3-17 1925

and that death occurred, on the date stated above, at 7 00 m.

The CAUSE OF DEATH* was as follows:

Myocard. Insufficiency

Toxaemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cellulitis face

Septic pneumonia (Duration) yrs. mos. 9 ds.

Where was disease contracted if not at place of death? —

Incision face

Did an operation precede death? Yes Date of 3-14-25

Was there an autopsy? No

What test confirmed diagnosis? Physical Evidence

(Signed) Geo B. Tybert M. D

, 19 (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore City

DATE OF BURIAL. 3/19 1925

20-UNDERTAKER. William Cook

ADDRESS 502 E Nath (Holmes)

INSTRUCTIONS ON BACK OF CERTIFICATE.

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96426

CERTIFICATE OF DEATH.

1-100-001

D 96426

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E Madison ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Marion Carr

(a) RESIDENCE No. 168 E. Madison ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	colrd	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William James Carr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Maryland.

12 MAIDEN NAME OF MOTHER Helen Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant William James Carr

(Address) 1600 E Madison St

Filed MAR 18 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-25 19

17

I HEREBY CERTIFY, That I attended deceased from 3-17-25, 19 10 A.M., to 3-17-25, 19 ,

that I last saw her alive on 3-17-25, 19 ,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. B. Butler, M. D.

, 19 (Address) 725 N. Caroline Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL March 18, 25

20 UNDERTAKER John W Henderson

ADDRESS 1502 E Monument St

(1) ITEMS on back of certificates. See instructions on back of certificates. IMPORTANT is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96427 ~~96427~~

CERTIFICATE OF DEATH.

+ 100-001 D 96427

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

2-FULL NAME Edward Johansi

(a) RESIDENCE NO. 6th x Hill Crest Ave ST. WARD Brooklyn
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 27, 19[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Johann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Himmel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 18 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 19 25

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1925 to March 17, 19 25, that I last saw h[illegible] alive on March 17, 19 25, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia,

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. J. Scott, M. D.

3-17 19 25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Mar 19 1925
20 UNDERTAKER	ADDRESS
Margaret J. Flynn	1422 Eighth

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96428

CERTIFICATE OF DEATH.

74001

D 96428

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Vincent St., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Fields

(a) RESIDENCE NO. 407 N. Vincent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Henry Fields

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo E Fields

(Address) 407 N Vincent St

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mon. 17- 1925

17 I HEREBY CERTIFY, That I attended deceased from Mon 10 - , 1925 , to Mon. 17 - , 1925 , that I last saw h alive on Mon. 16 - , 1925 , and that death occurred, on the date stated above, at 11-10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Chas. L. McArthur M. D.

, 19 (Address) 2416 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn | DATE OF BURIAL: Mar 19 1925

20 UNDERTAKER: Samuel E Wright | ADDRESS: 864 N Carey

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96429

CERTIFICATE OF DEATH.

101-001 D 96429

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 E 25th ST., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James G. McGraw

(a) RESIDENCE NO. 435 E. 25th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	24	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier

(b) General nature of industry, business, or establishment in which employed (or employer) 109

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER James J. McGraw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Mary Sanahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mary M. McGraw

(Address) 435 E 25th St

Filed APR 18 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16/1925

17 I HEREBY CERTIFY, That I attended deceased from 3/9/, 1925, to 3/16/, 1925, that I last saw him alive on 3/9/, 1925, and that death occurred, on the date stated above, at 4.40 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? S.S. & Symptoms

(Signed) Thomas J. Duke M. D.

, 19 (Address) 451 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL March 19, 1925

20 UNDERTAKER E. A. Windfield — ADDRESS 501 E 25th St.

IMPORTANT. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96430

CERTIFICATE OF DEATH.

90 D 96430

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N. Caroline ST., 1 - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mc Loughlin

(a) RESIDENCE No. 1025 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Mc Loughlin

6 DATE OF BIRTH (month, day, and year): 9 | 23 | 1862

7 AGE: Years 62 | Months 5 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thomas Doory

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Annie Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs C Doory

(Address): 1025 N Carolina St

15 Filed MAR 18 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1925

17 I HEREBY CERTIFY, that I attended deceased from March 10 1925 to March 15 1925

that I last saw her alive on March 15 1925

and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* was as follows:

Acute exacerbation of a Chronic pyelitis

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary): Myocarditis not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Laboratory test

What test confirmed diagnosis? Wassermann

(Signed) [illegible] M. D.

3/18 1925 (Address) Baltimore - Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 3/19 1925

20 UNDERTAKER: George J Ruth

ADDRESS: 1730 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96431

CERTIFICATE OF DEATH.

100-001

D 96431

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST.) 7-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Kral

(a) RESIDENCE NO. 934 N. Broadway ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ludmila Kral

6 DATE OF BIRTH (month, day, and year) ? 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 X 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Emma Kral (Address) 934 N. Broadway

15 Filed , 19 Robert F. Harrison Registrar

MAR 18 1925

Clerical Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1925

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1925, to Mar. 17, 1925, that I last saw him alive on March 17, 1925, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home,

Did an operation precede death? NO Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Wm S. Love M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Mar 21 1925

20 UNDERTAKER Fred N Knowlton

ADDRESS 1906 E Mon

TION is very important. See instructions on back of certificates.

D 96432

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St.: 1 W. WARD) 129 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Slufka

(Residence in Baltimore: No. 806 N. Chapel St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. March 1 (Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe packer
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Factory

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Joseph Zrousek

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Barbara

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Borchard

(Address) Shirley Road

15-

Filed ..... 191.....

Robert P. Harrison, Registrar.

Burial Permit Clerk.

18 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16 (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

May 17, 1925. (Address) 1639 Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place [illegible] in the

of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	June 20 1925

20-UNDERTAKER	ADDRESS
Paul X Brosius Son	1906 Monument

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96433

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96433

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1009 Bennett Place St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Joseph Summers

(a) Residence No. 1009 Bennett Place St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bertha Summers

6-DATE OF BIRTH (month, day and year): Sept. 21, 1853

7-AGE: 71 yrs. 5 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS:

10-NAME OF FATHER: John Summers

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Doyle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant): John A. Summers

(Address): 1009 Bennett Place

15- MAR 18 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 11, 1925, to Mar 18, 1925, that I last saw him alive on Mar 17, 1925, and that death occurred, on the date stated above, at 2.35 Au.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. ? mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward O. Coolahan M. D.

3-18. 1925 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. | DATE OF BURIAL: Mar. 20, 1925

20-UNDERTAKER: Joseph B. Cook | ADDRESS: 1003 N. Carey St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96434

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96434

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2922 Harford ave St., 9-3 Ward) 179 Registered No.

2-FULL NAME Susie B. Dietrich

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2922 Harford ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Hammond Dietrich

6-DATE OF BIRTH (month, day and year): August 12th 1868

7-AGE: 56 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Co Md

PARENTS.

10-NAME OF FATHER: Thomas C Biddison

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Julia McCauley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Anna Arundel Co Md

14- (Informant): Julia B Dietrich

(Address): 2922 Harford ave

15- Filed MAR 18 1925, 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

N. B.—WRITE should be in plain t instruction

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 17- 1925

17- I HEREBY CERTIFY, That I attended deceased from about 1 Jan Mar 1924 to Mar. 17 1925 that I last saw h alive on Mar. 16 1925 and that death occurred, on the date stated above, at 7.35 a m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

about 1 yrs. mos. ds. (Duration)

CONTRIBUTORY (Secondary) Uremic Poison

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. G. Prentiss, M. D.

, 19 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Biddison's Cemetery Cockeysville — DATE OF BURIAL, Mar 20th 1925

20-UNDERTAKER: George Schilling & Sons — ADDRESS 1126 E Monument st

Spec.—1-10-21—M&T—1500 Bks.

D 96435

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 96435

100-001

D 96435

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 S. Decker Ave ST., 1-4 WARD)

2-FULL NAME Edward C. Holthaus

(a) RESIDENCE NO. 502 S. Decker Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
		4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Holthaus

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Heimeyer

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Edward Holthaus (Address) 502 S. Decker Ave

15 Filed MAR 18 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to March 17, 1925, that I last saw h— alive on March 16, 1925, and that death occurred, on the date stated above, at 7. A. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis (Acute) - Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Convulsions (Acute)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? wound

(Signed) Wm. A. Bowen, M. D.

, 19 (Address) 125 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	March 19 1925
UNDERTAKER	ADDRESS
J. Sander & Sons	1710 Eutaw

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 96436

1-PLACE OF DEATH West Balto. General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner & Dukeland Sts. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexina Bradford

(a) RESIDENCE NO. 2101 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Un known 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Bradford

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore M.D.

14 Informant Mary Jackson

(Address) 1400 McElderry St

15 Filed 3 18 1925, 19

Robert P. Harris

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1925, to March 15, 1925,

that I last saw h[illegible] alive on March 15, 1925,

and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Nephritis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical.

What test confirmed diagnosis?

(Signed) Jas Herbert Wilkerson, M. D.

, 19 (Address) West Balto. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	3/19 1925
20 UNDERTAKER	ADDRESS
Mrs Chas L. Bailey	437 Jefferson St

ATION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Spec. 1-10-21 M&T 1500 Blks.

D 96437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3142 Wilkens av ST., 26th (WARD) 12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Steinwedel

(a) RESIDENCE NO. 3142 Wilkens av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., If of foreign birth? 60 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Steinwedel

6 DATE OF BIRTH (month, day, and year) Aug 9 = 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	80	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Sebastian Steinwedel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresia Tunnig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Fred'k L. Steinwedel 3142 Wilkens av

15 Filed MAR 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16th 1925

I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to March 16, 1925, that I last saw him alive on March 16, 1925, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uraemia (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Thalia Abt, M. D.

3/18, 1925 (Address) 541 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Mar 19 1925

20 UNDERTAKER F. B. Keppert ADDRESS 1850 W Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001 D 96438

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., H-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L Spindler

(a) RESIDENCE NO. Annapolis Junction - Howard Co Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2		9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Valentine - Bavaria Germany

PARENTS

10 NAME OF FATHER Valentine George Spindler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria Germany

12 MAIDEN NAME OF MOTHER Barbara Greenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria Germany

14 Informant University Hospital (Address)

15 Filed ..... 19.... ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MAR 17 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1925

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to March 16, 1925, that I last saw h[illegible] alive on March 16, 1925, and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

1 Bronchopneumonia

8 days

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 3/14/25 Exploratory - Colostomy

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Albert L Anderson, M. D.

3/16, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 3/19 1925

20 UNDERTAKER Robert Bowersox

ADDRESS Calhoun Hollins

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96439

CERTIFICATE OF DEATH.

31

D 96439

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1205 N Eden (St.) 10-2 (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Kearney

(a) RESIDENCE No. 1205. N. Eden St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie M. Kearney

6 DATE OF BIRTH (month, day, and year) May 8. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Patrick Kearney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Hanlon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Elsie Kearney (Address) 1205 N Eden St

15 Filed . . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1924, to March 16, 1925, that I last saw him alive on March 16, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis following Pneumonia

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Gastritis & Pneumonia

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) H. S. Coppage, M. D.

3/17, 1925 (Address) 2303 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park — DATE OF BURIAL Mar 19 1925

20 UNDERTAKER H. J. Tschiersky & Son — ADDRESS North Av

TION is very important. See instructions on back of certificates.

...may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96440

CERTIFICATE OF DEATH.

✓ 003 107 D 96440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Reisterstown St. RH 5-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Adam Nissell

(a) RESIDENCE NO. 2320 Reisterstown St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine M. Nissell

6 DATE OF BIRTH (month, day, and year): Oct. 4 1832

7 AGE — Years: 92 — Months: 5 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wagon Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Retired (20 yrs)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Gilbert Hallen

(Address) 2320 Reisterstown Rd

15 MAR 19 1925 Registrar

ROBERT P. KRAUTER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1 1925 to March 17 1925.

that I last saw him alive on March 17 1925.

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. A. Mellor M. D.

Mch 18 1925 (Address) 2438 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Mar 20 1925

20 UNDERTAKER: Wm Pickuer Sons ADDRESS: North Ave

IMPORTANT is very important. See instructions on back of certificates. Exact statement of OCCUPATION

Spec.—1-10-21—M&T—1500 Bks.

D 96441 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96441

65-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) North Circle-Arlington (St.) 27-5 (WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Glenn A Liddell

(a) RESIDENCE No. North Circle Arlington ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Liddell

6 DATE OF BIRTH (month, day, and year) July 29 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John H. Liddell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura C. Buchmueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Myrtle Liddell (Address) North Circle Arlington

15 Filed ..... 19 ..... Registrar

MAR 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17 1925

17

I HEREBY CERTIFY, That I attended deceased from May 24 1924 to Mar 17 1925

that I last saw h alive on Mar 7 1925

and that death occurred, on the date stated above, at 5:00 m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia Anaemia

(duration) yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Blood examination

(Signed) Chas Feiser M. D.

(Address) 2724 Ucb Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Mar 20, 25
20 UNDERTAKER Wm Fickert Sons	ADDRESS Norfolk

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96442

CERTIFICATE OF DEATH.

t100-001

D 96442

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Brooks.

(a) RESIDENCE NO. Harris Town Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Collard	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
24	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laber 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harris Town Md

PARENTS

10 NAME OF FATHER George W Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bara A Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bara B Brooks
(Address) Harris Town Md

15 MAR 19 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-25 19

17 I HEREBY CERTIFY, That I attended deceased from 3-14-25, 19, to 3-15-25, 19,
that I last saw h/M alive on 3-15-25, 19,
and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Confluent Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wm Lowe J. M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harris cemetery	3/18/25
20 UNDERTAKER	ADDRESS
R L Gross	1405 McElderry

TION IS Very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96443

96443

CERTIFICATE OF DEATH.

5 - 21 99-002

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 613 N. Eden St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Tubman

(a) RESIDENCE NO. 613 N. Eden St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Tubman

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) balto. Md

PARENTS

10 NAME OF FATHER John T. Tubman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Patton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Agnes Tubman
(Address) 613 N. Eden St

15 Filed MAR 19 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis (Prob)

no T.B (duration) yrs. mos. ds.

(Signed) J. S. Bacon, M. D. (Coroner.)

3-17-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	3/17/25
20 UNDERTAKER	ADDRESS
R. C. Goss	1405 McCulloh

D 96444

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96444

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital. St.: 4 - 1 WARD) REGISTERED No. C 38

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Copeland

(Residence in Baltimore: No. 665 W. Fayette St.; yrs 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). N. Carolina

PARENTS.

10-NAME OF FATHER, Wm Wilder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Hahn, husband

(Address) 635 W. Fayette

MAR 19 1925

Filed ..... ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Chronic Pneumonia
2. Endocarditis
3. Hilum T.B. (Tuberculosis) Dr. Hurley's Hospital report yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

March 18 1925 (Address) 639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmell	3/20/25 19....
20-UNDERTAKER J. Ahrens & Co	ADDRESS 3314 Penna Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96445

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 96445

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2136 Division St ST.: 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. A. Sellman

(a) RESIDENCE. No. 2136 Division St ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florena A. Sellman.

6 DATE OF BIRTH (month, day, and year) 7-22-57

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Hod-carrier)

(b) General nature of industry, business, or establishment in which employed (or employer) Builders

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Ann Arundle Co. Md.

PARENTS

10 NAME OF FATHER David Sellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ann Arundle Co, Md

12 MAIDEN NAME OF MOTHER Emily Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ann Arundle Co Md.

14 Informant Florence Sellman

(Address) 2136 Division st

15 [illegible] Registrar

MAR 19 1925

Social Service Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16- 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-25- 1925, to 3-18- 1925, that I last saw h alive on 3-16- 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

about (duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George C. Page, M. D.

19 (Address) 1816 N. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Mch 22nd 1925
20 UNDERTAKER	ADDRESS
A. Jones	111 S. Gilmor

THIS IS very important. See instructions on back of certificates. PAGE Statement of OCCUPA-

Spec.—1-10-21 M&T 1500 Blks.

D 96446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 D 96446

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 5 Lombard Square ST., 23-1 WARD)

2-FULL NAME Lula M. Taylor

(a) RESIDENCE No. 33 E. Henrietta ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of G. Wm Taylor

6 DATE OF BIRTH (month, day, and year) April 20 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Chas. H. Hanna

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Crawford

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant G. William Taylor
(Address) 33 E. Henrietta St

15 Filed MAR 1 6 1925, 19.. ROBERT R. KRAUSE, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/15, 1925, to 3/18, 1925,

that I last saw her alive on 3/18, 1925

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis - duration 3 days
Diabetes

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia. Acute Dilatation of Heart (duration) yrs. mos. 1 dy

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) Wm S. Love Jr., M.D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Mar 21 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

D 96447

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96447

CERTIFICATE OF DEATH.

188-903

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 19-2 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher Franck,

(Residence in Baltimore: No. 908 Church St. St.; 69 yrs. 8 mos. 29 ds.)

bet Druid Hill & Pa Ave & Castle

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: June 17, 1855 (Month) (Day) (Year)

7-AGE: 69 yrs. 8 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS:

10-NAME OF FATHER: John H. Franck.

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Babara Walter

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Franck.

(Address) N. E. Gay & Mott Sts

15-

MAR 19 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 16, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

10 min.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): automobile accident

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

March 17, 1925 (Address) 2802 Edmondson Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westlawn

DATE OF BURIAL: March 19 1925

20-UNDERTAKER: John B. Spence

ADDRESS: 325 E. Baltimore St.

Be very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96448

CERTIFICATE OF DEATH.

90 D 96448

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Durham ST., 12-1 WARD)

2-FULL NAME Margareth Boch

(a) RESIDENCE No. 118 S. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Boch.

6 DATE OF BIRTH (month, day, and year) Mch. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Andrew Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margt. Gumelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant John Boch (Husband)

(Address) 118 S. Durham St.

15 MAR 19 1925 ROBERT R. KRAUTER, Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch. 3 1925, to Mch 17 1925, that I last saw h[illegible] alive on Mch 16 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Physical Signs

(Signed) Dr. Heller, M. D.

3-19, 1925 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Mch 20th 1925

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 400 S. Wolfe St.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 96449 — 31

1-PLACE OF DEATH Municipal Hospital at Bay View — 76 — REGISTERED NO. D 96449

CITY OF BALTIMORE: (No. Bay View Hospital ST. — WARD) E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary ~~Ann~~ Ehrbar

(a) RESIDENCE NO. Bay View Asylum ST. — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Charles Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant (Address) Bay View Hospital Records.

15 MAR 19 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1925, to 3/17, 1925,

that I last saw her alive on 3/17, 1925

and that death occurred, on the date stated above, at 3 00 a. m.

The CAUSE OF DEATH* was as follows:

Pyelitis bilateral

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cystitis - duration 3 years
Interstitial carcinoma - 3 years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 3/9/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Conrad L Jensen M. D.

3/17 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a a Co	3-20 1925
20 UNDERTAKER	ADDRESS
Ehrlich Harle	115 E West St

TION is very important. See instructions on back of certificates. If may be properly classified. Exact statement of OCCUPA-

Spec- 12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96450 — CERTIFICATE OF DEATH, — D 96450

1-PLACE OF DEATH Church Home & Infirmary — Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Geisler

(a) Residence No. Havre de Grace Md St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Jos. Geisler

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland.

PARENTS:

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (city (State or Country)), not known

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (City (State or Country)), not known

14- (Informant) Geo Pennington

(Address) Havre de Grace Md

15- MAR 19 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 15/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1924 to March 15 1925; that I last saw h.. alive on March 15 1925; and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John E. Norcross M. D

, 19 (Address) Church Home and Infy

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Havre de Grace Md — DATE OF BURIAL. 3-19 1925

20-UNDERTAKER, E & B Hark — ADDRESS 115 E West St

Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

96451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 D 96451

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Webb St ST., 10-2 WARD)

2-FULL NAME Fannie Baxter

(a) RESIDENCE NO. 1429 Webb St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. Baxter

6 DATE OF BIRTH (month, day, and year) Oct 20-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 41
(b) General nature of industry, business, or establishment in which employed (or employer) At home 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn

PARENTS

10 NAME OF FATHER Frank Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Rosie Payne (Daughter)
(Address) 408 Cent Ave

MAR 19 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acute Indigestion

(Partially cooked pig's feet)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Patten (Coroner.) M. D.

3-19-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 19 1925
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 1425 Eutaw

Cut only important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96452

CERTIFICATE OF DEATH.

100-001

D 96452

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 School ST., 15-13 WARD)

2-FULL NAME Mary Cottman

(a) RESIDENCE NO. 719 School ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 8 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (W)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Charles Cottman

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Helen Bowden

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Helen Cottman

(Address) 719 School St

Filed MAR 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 1925, to 3/16, 1925, that I last saw her alive on 3/16, 1925 and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Tracy, M. D.

3/17, 1925 (Address) 1921 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lion Cemetery	Mar 19 25
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1463 N Carey St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96453

CERTIFICATE OF DEATH.

38 D 96453

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Lacato

(a) RESIDENCE NO. 1206 Argyle Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bowman Lacato

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 07

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View Hospital, (Address) Baltimore, Md.

15 Filed MAR 19 1925 ROBERT P. GRAMTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 9, 1924, to March 17, 1925, that I last saw her alive on March 16, 1925 and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Toxemia and exhaustion, following General Paralysis of the Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	March 1925
20 UNDERTAKER Charles H. Alexander	ADDRESS 406 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96454

CERTIFICATE OF DEATH. 146

D 96454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital WARD 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Culleson

(a) RESIDENCE NO. 729 N. School ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Wm. Culleson

6 DATE OF BIRTH (month, day, and year): Nov. 11, 1891

7 AGE — Years: 34 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Edward Haywood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eliza Haywood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Wm. Culleson

(Address): 729 N. School St

15 Filed MAR 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17 1925

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to March 17, 1925, that I last saw h[illegible] alive on March 17, 1925, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Generalized peritonitis following rupture of uterus

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy.

(Signed) M. Alexander Mosby, M. D.

3/17, 1925 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: March, 20 1925

20 UNDERTAKER: Mrs Jas. A. Dennis Per. F. Edelson

ADDRESS 1303 Hesselman St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 129 D 96455

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 n. Stricker ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME London Cheek.

(a) RESIDENCE NO. 822 n. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pennie Cheek.

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Warren Co (State or country) N. C.

PARENTS

10 NAME OF FATHER Bray Cheek.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) "

14 Informant Pennie Cheek. (Address) 822 N. Stricker St

15 Filed MAR 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1925, to March 17, 1925, that I last saw h[illegible] alive on Mch 16, 1925, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) B. H. Stokes, M. D.

3/18, 1925 (Address) 1725 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Moreland Co North Carolina	3/19 1925
20 UNDERTAKER Mrs Jas. A Dennis Per T. E. Kelson Manager	ADDRESS 1393 Pressman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96456

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96456

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Shirden

(a) RESIDENCE NO. 1701 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced.~~ (write the word): ~~Widowed~~ Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE: Years 56yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Michael Sheridon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Municipal Hospital Records

(Address)

15 MAR 19 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1925 to March 17, 1925.

that I last saw him alive on March 17, 1925

and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis, myocardial failure

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. E. Miller, M. D.

3/17/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: 3/20 1925

20 UNDERTAKER: Todd & Sons

ADDRESS: 1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CERTIFY

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96457

CERTIFICATE OF DEATH.

99-002 D 96457

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1512 E. Hoffman St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Dashiell

(a) Residence No. 1512 E. Hoffman St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Susie Dashiell

6-DATE OF BIRTH (month, day and year) Aug. 12th 1844

7-AGE. 81 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Wood Carver

(b) General nature of industry, business, or establishment in which employed (or employer). 014

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore
(State or Country).

PARENTS

10-NAME OF FATHER. James Dashiell

11-BIRTHPLACE OF FATHER (city or town). Balt.
(State or Country).

12-MAIDEN NAME OF MOTHER. Susie Katemore

13-BIRTHPLACE OF MOTHER (city or town). Balt.
(State or Country).

14- (Informant) Charles R. Dashiell

(Address) 1512 E. Hoffman St.

15- MAR 19 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3.17.25

I HEREBY CERTIFY, That I attended deceased from Feb. 24th 19 25 to March 17th 19 25,

that I last saw him alive on March 17th 19 25,

and that death occurred, on the date stated above, at 10.2 m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchites

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

Where was disease diagnosed? Clinical

(Signed) E. L. Mayer M. D.

(Address) 1031 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem. DATE OF BURIAL. March 20 1925

20-UNDERTAKER. Frank A. Fink ADDRESS N. Gay St

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

179170 D 96458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 96458

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 75-7 WARD)

2-FULL NAME Clarice Cole

(a) RESIDENCE NO. Monroe Circle Brattyn ST. (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 12-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jas Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cora Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1925

17 I HEREBY CERTIFY That I attended deceased from March 7 1925 to March 18 1925 that I last saw her alive on March 18 1925 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia. (duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Empyema (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Walter B. Stewart M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	3/19/1925
20 UNDERTAKER J. J. Moran	ADDRESS 3000 E Balto

CAUSE OF DEATH to print terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

D 96459 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96459

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 939 W Mulberry ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME o.k. May Coleman

(a) RESIDENCE NO. 939 W Mulberry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unk.

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	~	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer) Hollwood R J

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Emma Watson (Address) 939 W Mulberry St.

15 Filed MAR 19 1925 19 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/14, 1925, to 3/18, 1925, that I last saw b~~e~~live on 3/17, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Clarkson M. D.

3/19, 1925 (Address) 8 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Can — DATE OF BURIAL 3-19 1925

20 UNDERTAKER Penn Easton — ADDRESS 96 Pa

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 96460

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96460

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 534 Orchard St. St. 17 -2 ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Anderson

(Residence in Baltimore: No. 534 Orchard St, St. 39 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. about (Month) (Day) 1886 (Year)

7-AGE. 39 yrs. mns. ds. If LESS than 1 day, hrs. nr. min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Anderson

(Address) 604 Bruce St.

15-

MAR 19 1925

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 18, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

March 18 1925 (Address) 7 E. Eager

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. 3-18-25

20-UNDERTAKER. Dunn & Conkling ADDRESS 916

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96461

CERTIFICATE OF DEATH.

31 D 96461

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 E Federal ST., 9 WARD 6)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Mueller.

(a) RESIDENCE NO. 1428 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Mueller

6 DATE OF BIRTH (month, day, and year) May 1. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	42	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew M. Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Weinhem

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Thresa Mueller

(Address) 1428 E. Federal st.

15 MAR 19 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1925, to March 17, 1925.

that I last saw him alive on March 10, 19....

and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(duration) yrs. 2 1/2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Leonard O'Brien, M. D.

3/19/1925 (Address) 2229 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery.	March 20 1925

20 UNDERTAKER ADDRESS

George J. Ruth 1735 Harford Ave

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

96462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 96462

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat ST., 28 WARD)

2-FULL NAME Frank M. Zinkhand

(a) RESIDENCE No. Mt Hope Retreat ST., 28 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zinkhand

6 DATE OF BIRTH (month, day, and year) Aug 28-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46 1878	Aug	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Flour 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Hugo Zinkhand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Adelaide Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of Mt Hope (Address) Mt Hope Balto Md

15 Filed MAR 19 1925 ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 11th, 1924, to March 15, 1925, that I last saw h[illegible] alive on March 15, 1925, and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis (Uraemia acute Mania)

abt (duration) yrs. mos 2 1 ds. (2)

CONTRIBUTORY (Secondary) Acute Mania Psychosis

abt (duration) 0 yrs. 0 mos. 2 1 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 3/23 1925

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96463

CERTIFICATE OF DEATH.

D 96463

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse Holland

(a) Residence No. 806 Hanover st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Holland

6-DATE OF BIRTH (month, day and year) 1874

7-AGE	If LESS than 1 day
51 yrs. mos. ds.	hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 050

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS

10-NAME OF FATHER: William Holland

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Eliz. Hubbard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14- (Informant): Hospital Records
(Address): K.T.H.

15- Filed MAR 19 1925, 19... ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 5 19 25 to March 18 19 25.

that I last saw him alive on March 18 19 25

and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Sputum Autopsy

(Signed) J. D. White M. D.

3-18-1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Mar 20 19 25

20-UNDERTAKER	ADDRESS
F. A. Krause & Son	703 Hanover

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

D 96464

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 811 S. Bouldin St. ST., 76 WARD

2-FULL NAME Theresa Hofmann.

(a) RESIDENCE NO. 811 S. Bouldin St. ST., 76 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hofmann.

6 DATE OF BIRTH (month, day, and year) DEC. 8 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Heinrich Hofer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Hofmann (Husband)

(Address) 811 S. Bouldin St

MAR 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/25 19

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to March 17, 1925,

that I last saw her alive on March 17, 1925,

and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhage of pulmonary Blood Vessel

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nathan J Sandor, M. D.

, 19 (Address) 3035 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Mch. 21 1925
20 UNDERTAKER Lilly & Zeiler 1038	ADDRESS Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96465 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96465

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 S. Dallas ST., B-4 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hulzler

(a) RESIDENCE NO. 619 S. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Hulzler

6 DATE OF BIRTH (month, day, and year) July 6 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Frank Arendt (Son) (Address) 1075 S. 3rd St.

15 Filed MAR 19 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 19 25

17 I HEREBY CERTIFY, That I attended deceased from March 1, 19 25, to March 13, 19 25, that I last saw h[illegible] alive on March 13, 19 25, and that death occurred, on the date stated above, at 12.06 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? physical examination

(Signed) Samuel Silverstein, M. D.

, 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL March 20 19 25

20 UNDERTAKER Lilly and Zeiler ADDRESS 803 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96466

CERTIFICATE OF DEATH.

D 96466

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Highland ST., 10-5 WARD)

2-FULL NAME Mary E. Sheets

(a) RESIDENCE NO. 117 S. Highland ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of late J. Henry Sheets

6 DATE OF BIRTH (month, day, and year) Oct 5 52

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Henry Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Hartman
(Address) 17 S Highland av

15 Filed MAR 19 1925, 19 Robert A. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19 1925

17 I HEREBY CERTIFY, That I attended deceased from 1-10, 1925, to 3/18, 1925, that I last saw h alive on 3/18, 1925, and that death occurred, on the date stated above, at 3:10 A m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation, X
Broncho Pneumonia

(duration) yrs. mos 6 7 ds.

CONTRIBUTORY (Secondary) Heart failure & asthma

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Henry B Amoss M. D.

Mar. 19 1925 (Address) 1626 Bolton st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	3/21 1925
20 UNDERTAKER Philip Henrig	ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 96467

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96467

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 N. Collington ave ST., 4 WARD)

REGISTERED NO. 457

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie C. Miller

(a) RESIDENCE NO. 1040 N. Collington ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Late John H. F. Miller

6 DATE OF BIRTH (month, day, and year) Jan 1 53

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Henry Eickel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary A. Beach

(Address) 1040 N. Collington

15 Filed APR 7 1925, 19 Robert F. Mattison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1920, to March 17 1925, that I last saw h alive on March 16, 1925, and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 4 yrs. 5 mos. 20 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory tests

(Signed) Albert Wiengold M. D.

3/18, 1925 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	3/21 1925
20 UNDERTAKER Philip Hennig	ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—3500 Bks.

D 96468

HEALTH DEPARTMENT—CITY OF BALTIMORE D 96468

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Orleans ST., 6-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Beran

(a) RESIDENCE NO. 1930 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 45 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of late Thos M. Beran

6 DATE OF BIRTH (month, day, and year) Nov 11 70

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Ferdinand Pussy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Sophia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: James Beran (Address) 1430 Orleans St

15 Filed ... 19 ... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 13 1925 to Mar 15 1925 that I last saw h[e] alive on Mar 15 1925 and that death occurred, on the date stated above, at 9-15 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Ryan M. D.

M. D. Address 801 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL 3/20 1925

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

D 96469

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., 19-101 Ward)

Registered No. 19-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Regan

(a) Residence No. 118 N. Mount St. City St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 11, 1869

7-AGE. 35 yrs. 5 mos. 3 ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. street cleaner

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country).

14- (Informant)

(Address)

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 16 25

17- I HEREBY CERTIFY, That I attended deceased from March 13 1925, to March 16, 1925, that I last saw h. m. alive on March 13 1925, and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Gilbert, M. D.

, 19 (Address) St Joseph's Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20-UNDERTAKER. Commissioner Health, per Wm. E. Woodall

ADDRESS MAR 18 1925

Robert P. Harrison, Burial Permit Clerk

MAR 9 1925

0378

In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. Fill out instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96470 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96470

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Md ave ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nattie M McKewen

(a) RESIDENCE NO. 2418 Md ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E McKewen

6 DATE OF BIRTH (month, day, and year) April 19 94

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) Wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Spickard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Moorland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles E. McKewen (Address) 2418 Md ave

15 Filed R 19 1925 Robert P. Harrison, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/10/ 1924 to 3/18/ 1925

that I last saw her alive on 3/17/ 1925

and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Acute Purpura

(duration) Sixty yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Burnett Terry M. D.

(Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL March 20 1925

20 UNDERTAKER W. M. Rowton ADDRESS 2238 W Lanvale

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96471

CERTIFICATE OF DEATH.

90 D 96471

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 W. Mable Ave. ST., Overlea WARD)

2-FULL NAME Anna M. Plumhoff

(a) RESIDENCE No. 17 W. Mable Ave. ST., Overlea WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry G. Plumhoff

6 DATE OF BIRTH (month, day, and year) Oct 9th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown Germany

PARENTS

10 NAME OF FATHER William G. Ostman

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Body

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Germany

14 Informant Henry G. Plumhoff (Address) 17 W. Mable Ave. Overlea

15 [illegible] Registrar

R 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 28th, 1925, to March 17th, 1925, that I last saw her alive on March 17th, 1925, and that death occurred, on the date stated above, at 9 20 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Edward H. Benson, M. D.

March 19 1925 (Address) Overlea Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	March 20th 25
20 UNDERTAKER	ADDRESS
Frederick Lessa & Sons	Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Burial Permit Given

(James Welling)

96472

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96472

CERTIFICATE OF DEATH.

4-1 +126

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Welling

(Residence in Baltimore: No. Catonsville md St.; yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: Colored | 5-Single, Married, Widowed or Divorced (Write the word): Widower

6-DATE OF BIRTH: Unknown (Month) ..... (Day) ..... 63 (Year)

7-AGE: 62 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John D. Welling

11-BIRTHPLACE OF FATHER, (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Nugent

13-BIRTHPLACE OF MOTHER, (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelius Welling

(Address) 127 Winter Lane Catonsville Md.

15-

Filed ..... 192.....

Registrar.

1925 Robert P. Harrison,

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

a few hours

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. K. Grossman M. D.
(Coroner)

3-19 1925 (Address) 417 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Sta Cem	Mar 21 1925
20-UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

NOTE CAUSE OF DEATH CAREFULLY, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 96473

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital #1

CITY OF BALTIMORE: (No.) Baltimore, Md. ST., 12-N (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul G. Paulsen

(a) RESIDENCE NO. 3 Frederick Stangs St ST., Kristiana, Norway WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., If of foreign birth? unknown mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) - - 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work seaman 086

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Coast Guard

(c) Name of employer U.S. Coast Guard

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant self (Address)

15 Filed . . . . 19 . . . . Registrar

Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1925

17

I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to March 17, 1925, that I last saw h[illegible] alive on March 17, 1925, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Appendicitis, acute. Suppurative

(duration) - yrs. - mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis, acute

(duration) - yrs. - mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Mar 12, 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical findings & Laboratory findings

(Signed) [illegible] M. D.

3/18, 1925 (Address) U.S. Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetery

DATE OF BURIAL 3/19, 1925

20 UNDERTAKER Jos Harrison & Bro

ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bas.

D 96474 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96474

CERTIFICATE OF DEATH. 5-2 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 E Lexington ST., 5 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Lee

(a) RESIDENCE NO. 1424 E Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of James Lee

6 DATE OF BIRTH (month, day, and year) Unk. 1898

7 AGE: Years 27 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER Luke Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER Cora Walter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: James Lee (Husband) (Address) 1424 E Lexington St

15 Filed MAR 19 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1925

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to March 17, 1925, that I last saw h alive on March 15, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Aortic + Mitral Insufficiency

3 days to myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J [illegible], M. D.

3/15, 1925 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carboro N.C. DATE OF BURIAL: 3/19 1925

20 UNDERTAKER: Samuel P. Handley ADDRESS: [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96475

CERTIFICATE OF DEATH.

31 D 96475

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 512 St. Marys St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Alma W. Powell

(a) Residence No. 512 St. Marys St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Mar 21-1910

7-AGE. 15 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Dick Powell

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER, Annie Meads

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country) Md

14- (Informant) Annie Meads

(Address) 512 St Marys St

15-

Filed..... Robert P. Harrison, Registrar.

19 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar, 17-25

17- I HEREBY CERTIFY, That I attended deceased from Mar 15, 1925, to Mar 17, 1925, that I last saw her alive on Mar 15 1925 and that death occurred, on the date stated above, at 1.20 P. m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 6 Possibly mos. — ds

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) H. C. Peterson, M. D.

, 19 (Address) 517 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem

DATE OF BURIAL, 3/20, 1925

20-UNDERTAKER. Edward F. Kemsley

ADDRESS 1713 Eutaw St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96476 ✓ 13 D 96476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 17-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Bratton, Jr.

(a) RESIDENCE NO. 572 Gilford ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be made. PHYSICIAN should be very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or.....min.
	77	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unemployed.

9 BIRTHPLACE (city or town) Richmond Va
(State or country)

PARENTS

10 NAME OF FATHER James Braxton Sr.

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Severtia Carr

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Nelley Gray
(Address) 1814 Madison Ave

15 Filed MAR 19 1925, 19 Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1925, to Mar. 17, 1925, that I last saw him alive on Mar. 17, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pyelo-nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory diagnosis.

(Signed) W. F. Carr, Jr. M. D.

(Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem | DATE OF BURIAL 3/20 1925

20 UNDERTAKER Samuel F. Kemsley | ADDRESS 1128 Pitt St

Spec.—1-10-21—M&T—1500 Blks.

700 N Howard St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96477

CERTIFICATE OF DEATH.

D 96477

75-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sterling Sanatorium (St.) 9-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma S. Ditman

(a) RESIDENCE No. 1612 Carswell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos. Ditman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Thomas S. Thrasher

(Address) 1612 Carswell St

15 Filed ... 19 ... Registrar

R 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1925, to 3/17, 1925, that I last saw h[e] alive on 3/17, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. A. Wagner, M. D.

3/19 1925 (Address) 700 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 19

20 UNDERTAKER Wm Cook

ADDRESS Sole Walk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96478

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96478

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth ~~Grover~~ Gruber

(a) RESIDENCE NO. 1024 S Curley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 63

7 AGE Years 62 yr. Months Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Grover

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records (Address)

15 Robert P. Harrison, Registrar

19 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1924, to March 19, 1925, that I last saw h[er] alive on March 16, 1925 and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (left hemiplegia)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Atherosclerosis, Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Muller, M. D.

3/19/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn | DATE OF BURIAL Mar 21, 1925

20 UNDERTAKER W. M. Cook | ADDRESS 532 E Fayette

BEFORE BURIAL OR REMOVAL CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITIONS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96479

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96479

CERTIFICATE OF DEATH.

11-00

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 929 N. Gay St., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Buehla Clippinger

(a) RESIDENCE NO. 929 N. Gay ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20-1924

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Hubert C Clippinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Nancy Hayman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hubert Clippinger

(Address) 929 N. Gay Street

15 ROBERT P. HARRISON,

Filed MAR 19 1925, 19 ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-25

17

I HEREBY CERTIFY, That I attended deceased from 3-15-25, 19 25, to 3-19-25, 19 25.

that I last saw h alive on 3-19-25, 19 25

and that death occurred, on the date stated above, at 7:20 m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Fred Reynolds, M. D.

(Address) 800 N. Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery

DATE OF BURIAL 3/21 1925

20 UNDERTAKER Wm Cook Co

ADDRESS 552 E Balto

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1930 D 96480

CERTIFICATE OF DEATH. 131 D 96480

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 2-7-12 WARD)

2-FULL NAME John McTaggartt

(a) RESIDENCE NO. 132 Montebello Ter. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs Life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth G. McTaggart Widow

6 DATE OF BIRTH (month, day, and year): Feb 24, 1850

7 AGE: Years 75 Months 0 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: R.R. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): R.R. 30

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James McTaggartt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Whaling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 19 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1925, to Mar 19, 1925.

that I last saw him alive on Mar 19, 1925.

and that death occurred, on the date stated above, at 12-5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis, 2d

(duration) yrs. 2½ mos ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 6 mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? P. M. Exam

(Signed) L. J. Good, M. D.

3/19, 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount DATE OF BURIAL: Mar 21 1925

20 UNDERTAKER: Wm Cook ADDRESS: 502 E. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Edgy B. Van Alta

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96481

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL

REGISTERED NO. D 96481

1-PLACE OF DEATH ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. .....

2-FULL NAME Mr E B Van Alta

(a) RESIDENCE NO. 1275 Union St plain 44 ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Mary Van Alta

6 DATE OF BIRTH (month, day, and year) Nov. 16th, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Burner

(b) General nature of industry, business, or establishment in which employed (or employer) Mfr. Hydraulic Presses

(c) Name of employer E.B. Van Alta & Co. Akron

9 BIRTHPLACE (city or town) ..... (State or country) .....

PARENTS

10 NAME OF FATHER Jos L. Vanalta

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Ohio

12 MAIDEN NAME OF MOTHER Lydia Hall

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) .....

14 Informant ..... (Address) JOHNS HOPKINS HOSPITAL

15 MAR 20 1925 ROBERT N. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1925, to Mar 19, 1925, that I last saw him alive on Mar 19, 1925, and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Thrombosis of cerebral vessels

accruing in poly cythaemia

(duration) 1 mo 1 wk yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (?)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas. H. Greenough Jr M. D.

3/19/25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL OLEAN N.Y

DATE OF BURIAL 3-20-25, 19

20 UNDERTAKER H.E. Stughel

ADDRESS 4nt N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96482

CERTIFICATE OF DEATH.

90 D 96482

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. ST., 20-3 WARD

2-FULL NAME Mr. John T. Bramble

(a) RESIDENCE NO. 2127 Pennore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Male	White	Married

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mrs. Bramble

6 DATE OF BIRTH (month, day, and year) June 2 1847

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) " "
(State or country)

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mrs John Bramble
(Address) 2127 Pennore Ave

15 Filed MAR 20 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 19 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/12, 1925, to 3/19, 1925, that I last saw h[illegible] alive on 3/19, 1925, and that death occurred, on the date stated above, at 1:10 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. S. Mears, M. D.

, 19 (Address) 80 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: DRUID RIDGE CEMETERY — DATE OF BURIAL 3/20 19

20 UNDERTAKER H E Hughes — ADDRESS 422 N Broadway

MUST NOT BE USED IF CERTIFICATE IS ALREADY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96483

1-PLACE OF DEATH

City of BALTIMORE: (No. Bon Secours Hosp St., 15-13 Ward) 90

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Cohen

(a) Residence No. 2632 Lyola South Way St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX 7

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Irving E. Cohen

6-DATE OF BIRTH (month, day and year) Sept 13 1901

7-AGE, 23 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Rumania

PARENTS:

10-NAME OF FATHER Morris Statkanson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Rumania

12-MAIDEN NAME OF MOTHER Rebecca Moskowitz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Rumania

14-(Informant) I. E. Cohen

(Address) 2632 Lyola South Way

15-Filed MAR 20 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-20-25

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1922 to March 20 1925 that I last saw h[illegible] alive on March 19 1925 and that death occurred, on the date stated above, at 12 1/4 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Cardiac decompensation

Cardiac failure

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Leon M. Gay M. D.

, 19 (Address) 1014 St. Paul St. Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bound Brook N.J. DATE OF BURIAL. 3/20, 1925

20-UNDERTAKER. Jack Lewis ADDRESS 1439 E. Balto St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

Quinie Cook.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96484

CERTIFICATE OF DEATH.

8-31

D 96484

1-PLACE OF DEATH

City of BALTIMORE: (No. 1706 Carlisle pl. St., 8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Quinie Cook

(a) Residence No. 1706 Carlisle pl. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: C

5-Single, Married, Widowed, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Single~~

6-DATE OF BIRTH (month, day and year): [illegible] 1902

7-AGE: 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: minister

(b) General nature of Industry, business, or establishment in which employed (or employer): 018

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Drake Branch Va

PARENTS:

10-NAME OF FATHER: John Cook

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: Nannie Morton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14-

(Informant): Lizzie Walls

(Address): 1706 Carlisle pl.

15- MAR 20 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar 17 1925

17- I HEREBY CERTIFY, That I attended deceased from Feby 10 1925 to March 17 1925

that I last saw h[illegible] alive on March 17 1925

and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 15 yrs. mos. ds

CONTRIBUTORY (Secondary): Bronchitis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Examination

(Signed) J. Stevallers M. D.

19 (Address) 821 N. Fremont Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Drake Br. Va	Mar 20 1925
20-UNDERTAKER. Mrs R. G. Ellis	ADDRESS 725 Carlander

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96485

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 413 W. Belvedere Avenue St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Hetzler

(a) Residence No. 413 W. Belvedere Avenue St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hetzler

6-DATE OF BIRTH (month, day and year) Dec. 22nd, 1867

7-AGE,	If LESS than 1 day,
57 yrs. 2 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Mr. Brooks

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Elizabeth

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14-

(Informant) J. L. Moore

(Address) 413 W. Belvedere Avenue

MAR 20 1925 19.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24th 1925, to March 19th 1925, that I last saw h.r alive on March 18 1925, and that death occurred, on the date stated above, at 12.05 A. M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis (Asthmatic)

(Duration) 7 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Elbert C. Reitzel M. D.

3-19. 1925 (Address) 2734 Pennsylvania Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Olivet Cem	Mar. 21st 19 25
20-UNDERTAKER.	ADDRESS
Wm. B. Cook	1003 N. Balto

SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE ASKED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96486

100-001

D 96486

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St.) 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Durillia Williams

(Residence in Baltimore: No. 926 W. Fayette St. St.; yrs. 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced. (Write the word.): single

6-DATE OF BIRTH: Sept. 20, 1924 (Month) (Day) (Year)

7-AGE: ....yrs. 5 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Md. And. Rumm & Co. Balto. Md.

PARENTS.

10-NAME OF FATHER: Grafton Williams

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Annie Gross

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grafton Williams

(Address) 926 W. Fayette St.

15-

Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Issued MAR 20 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) mother destroy

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. C. Fennessy, M. D. (Coroner.)

March 17, 1925 (Address) 2802 Eutaw ave.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Furnish Branch — DATE OF BURIAL: 3/20/25 19

20-UNDERTAKER: R. E. Gross — ADDRESS: 1405 McElderry

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96487

CERTIFICATE OF DEATH.

×101-001 D 96437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Brooks

(a) RESIDENCE NO. Hamilton (Catonsville) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Mary Co Md

PARENTS

10 NAME OF FATHER John Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Fanie Jarr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Brook
(Address) Hamiltown Md

15 Filed , 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MAR 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18- 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-11- , 1925, to 3-18 , 1925,

that I last saw h alive on 3-17 , 1925,

and that death occurred, on the date stated above, at 6:45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hamiltown (Catonsville)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H L Benton M. D.

3/19 1925 (Address) Box Woodbine Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mary Town Md	3/21/25
20 UNDERTAKER	ADDRESS
C E Gross	1405 McElderry

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96488

CERTIFICATE OF DEATH.

100-001

D 96488

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Appelstein

(a) RESIDENCE NO. 1289 E. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? 21 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Appelstein

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	80 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None, Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Herenbloom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant S. Appelstein (Address) 2294 Wallis St

15 MAR 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/17, 1925 to 3/19, 1925.

that I last saw h e alive on 3/17, 1925

and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

1 (duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 1 yrs. 3 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical course and lab.

(Signed) Frederick B Dart M. D.

3/19, 1925 (Address) 2345 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew North Point Rd

DATE OF BURIAL March 20 1925

20 UNDERTAKER S. Levinson Bro Burial Co

ADDRESS 1170

N.B.—BIRTH CERTIFICATE WITH ONE DOLLAR SHOULD BE FILED WITHIN TEN DAYS AFTER BIRTH. EACH BIRTH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96489

101-001

CERTIFICATE OF DEATH.

D 96489

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 23-1 WARD)

2-FULL NAME James Taylor

(a) RESIDENCE No. 930 Peach Alley WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40 yr.			

8 OCCUPATION OF DECEASED: ? 087

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ?

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Municipal Hospital Records

(Address)

15 MAR 20 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1925

17

I HEREBY CERTIFY, That I attended deceased from March 17, 1925, to March 18 1925.

that I last saw him alive on March 18, 1925

and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory + autopsy

(Signed) W. L. Miller. M. D.

3/18/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion St	March 20 1925
20 UNDERTAKER	ADDRESS
S. Lee Brown's Son	108 W. Mulberry

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96490

CERTIFICATE OF DEATH.

D 96490

Registered No. 101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1141 S. Sharp St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Adams

(a) Residence No. 1141 S. Sharp St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Robt Adams

6-DATE OF BIRTH (month, day and year) ?

7-AGE, 42 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Lancaster S C

PARENTS.

10-NAME OF FATHER, Willie Barnes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), S C

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-Informant, Robert Adams

(Address) 1141 S Sharp St

MAR 20 1925

ROBERT R. KRAUTER, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-17-25

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1925, to March 17, 1925, that I last saw h. er alive on March 17, 1925, and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows;

Acute Nephritis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? 1141 S Sharp St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) James A. Cooke, M. D.

, 19 (Address) 655 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion Cet — DATE OF BURIAL, March 20, 1925

20-UNDERTAKER C. P. Brown & Son — ADDRESS 158 W Monument St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96491

CERTIFICATE OF DEATH.

Registered No. D 96491

1-PLACE OF DEATH

City of BALTIMORE: (No. 626 Sterling St., 5-2 Ward) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma L. Smith

(a) Residence No. 626 Sterling St.,.....Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-Single, Married, Widowed, Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1877

7-AGE. 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Co.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS

10-NAME OF FATHER. Wm. Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country). unknown

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). unknown

14-

(Informant) Frederick Hoopes

(Address) 626 Sterling St

MAR 20 1925 ROBERT W. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 18-1925

17- I HEREBY CERTIFY, That I attended deceased from March 17 1925 to March 18 1925

that I last saw h.e alive on March 17 1925

and that death occurred, on the date stated above, at 9:08 m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension and Arterio-sclerosis

unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Young M. D.

3/17 1925 (Address) 1429 Monument

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Antbury Cemetery DATE OF BURIAL. Mar. 21. 1925

20-UNDERTAKER. Chris. H. Johnson ADDRESS 416 N. Caroline St.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96492

CERTIFICATE OF DEATH.

5-24-001

D 96492

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1241 Jefferson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Mazer

(a) RESIDENCE. NO. 1241 Jefferson ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Mazer

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jacob Finn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther Russia

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Nathan Mazer
(Address) 12 N. Chester St.

15 MAR 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 20 - 1925

17 I HEREBY CERTIFY, That I attended deceased from ..... 1920, to March 20th 1925, that I last saw h er alive on " 18th 1925, and that death occurred, on the date stated above, at 2.00 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L Wisner, M. D.

3-20-1925 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Cemetery	March 20 1925

20 UNDERTAKER: Jack Levin ADDRESS 1439 E. Baltimore

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D A K O

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 9 D 96493

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1701 N. Appleton St. St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Liba Goldstein

(a) Residence No. 1701 N Appleton St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Goldstein

6-DATE OF BIRTH (month, day and year) 1840

7-AGE 85 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER Moses Mofowit

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Untown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) M. Goldstein

(Address) 212 N. Collington Ave

15- Filed 192 ROBERT R. KRAUTER, Registrar.

MAR 20 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-19-25

17- I HEREBY CERTIFY, That I attended deceased from March 10 1925 to March 19 1925

that I last saw h[illegible] alive on March 19 1925

and that death occurred, on the date stated above, at [illegible] P M.

The CAUSE OF DEATH* was as follows:

Abdominal Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm K. Dedmon M. D

3/20, 1926 (Address) 1515 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Herrn Rus DATE OF BURIAL, 3-20 19 25

20-UNDERTAKER, Jack Levis ADDRESS 1439 E Balto St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96494

CERTIFICATE OF DEATH.

D 96494

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Bricker St. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice R. Ebaugh

(a) RESIDENCE NO. 821 N. Bricker St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jabez Ebaugh.

6 DATE OF BIRTH (month, day, and year) about 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Fire Dept.
(c) Name of employer Balto. City.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Geo. W. Jones
(Address) 821 N. Bricker St.

MAR 20 1925 ROBERT N. GRAFTON Registrar

CAUSE OF DEATH must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteritis (Bichlough, ambulance call).
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) acute dilatation of heart 5 mins.
(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner)
March 19, 1925 (Address) 2802 Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Irvington Cemetery	Mar 21 1925
20 UNDERTAKER	ADDRESS
Josiah Dyer	1600 W North Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 96495

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital 16-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Pearl Daniels

(a) Residence No. 15/6 W Pre St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1900

7-AGE. 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeper

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS

10-NAME OF FATHER Dont know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Dont know

12-MAIDEN NAME OF MOTHER, Dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Dont know

11- (Informant) Nick Daniels

(Address) 15-16 Rise St

13- Registrar.

MAR 20 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/18/21

17- I HEREBY CERTIFY, That I attended deceased from 1/23/25 19.. to 3/18/25 19..

that I last saw h alive on 3/18/25 19..

and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 14 ds

CONTRIBUTORY (Secondary) Lues Pernicious

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. W. Holley M. D

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Clarksville Va

DATE OF BURIAL. 3-24-1924

20-UNDERTAKER. Dunn Easter

ADDRESS 96 Pa ave

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96496

CERTIFICATE OF DEATH.

15-12 100-001

REGISTERED NO. D 96496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 N. Stricker ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Eileen Blaize

(a) RESIDENCE NO. 1343 N. Stricker ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1922

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2 yrs.	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Walter Blaize

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Eileen Wheatley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Walter Blaize
(Address) 1343 N. Stricker St

15 MAR 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1925

17

I HEREBY CERTIFY, That I attended deceased from March 15 , 1925 , to March 18 , 1925 ,

that I last saw h alive on March 18 , 1925 ,

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(Primary)

(duration) yrs. mos 3 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. L. Skelton, M. D.

19 (Address) 1715 Laurens St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 3-21-1925

20 UNDERTAKER Daniel Easton — ADDRESS 9/L Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 96497 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96497

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 640 Pine alley St., 4-1 Ward)

Registered No. C 100-901

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Freeman

(Residence in Baltimore: No. 640 Pine alley St., yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: Aug 5th 1924 (Month) (Day) (Year)

7-AGE: yrs. 7 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Shirley Freeman

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Mildred Freeman

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mildred Freeman

(Address) 640 Pine alley

15-

Filed MAR 20 1925, 192 ROBERT R. KRAUSE Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Cured

(Duration) yrs. mos. ds.

(Signed) S. H. B. Freeman M. D. (Coroner)

3-20-1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 3-20-1925

20-UNDERTAKER: Denis Kostoris — ADDRESS: 516 Bank

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19472
D 96498

161-001
D 96498

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 10-2 WARD)

2-FULL NAME Rita A. Knighton

(a) RESIDENCE No. 1212 Wilcox ST., ... WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS
10 NAME OF FATHER John Knighton
11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md
12 MAIDEN NAME OF MOTHER Katherine Manns
13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Ireland

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 20 1925 19... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1925

17 I HEREBY CERTIFY, That I attended deceased from March 16. 1925. to March 18. 1925.
that I last saw h— alive on March. 18. 1925.
and that death occurred, on the date stated above, at 11 15 P. m.
The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos 16 ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) ..... M. D.
..... 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mow Cathedral Cemetery	March 20 1925
20 UNDERTAKER	**ADDRESS**
Henry Horn & Son	1301 E. Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96499

CERTIFICATE OF DEATH.

74-001

D 96499

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 715 N Milton Ave St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Meiser

(a) Residence No. 715 N Milton Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Meiser

6-DATE OF BIRTH (month, day and year) July 31, 1858

7-AGE, 66 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Meiser

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Gardner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Annie Meiser

(Address) 715 N. Milton Ave

15- MAR 20 1925 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/18/1925

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to March 18, 1925, that I last saw him alive on March 18, 1925, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage (Apoplexy)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Odema of lungs

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schnert, M. D.

March 19 25 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, 3/21/25

20-UNDERTAKER, John Merrick — ADDRESS 2005 Eutaw

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001 D 96500

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 18-2 WARD)

2-FULL NAME Salvator Provenzo

(a) RESIDENCE NO. 40 So. Arlington Ave ST. ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 33 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Provenzo

6 DATE OF BIRTH (month, day, and year) Aug 2nd 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Dealer. 045

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer

9 BIRTHPLACE (city or town) Lisoglio
(State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Provenzo

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Antonina Ensano

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Joseph Provenza
(Address) 40 S Arlington av

15 Filed ... 19 ... Registrar

MAR 20 1925 ROBERT A. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-1925

17

I HEREBY CERTIFY, That I attended deceased from 3-16-, 1925, to 3-19-, 1925;

that I last saw him alive on 3-19-, 1925

and that death occurred, on the date stated above, at 9 35 A m.

The CAUSE OF DEATH* was as follows:

Strangulated Scrotal Hernia.

(duration) yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) My condition

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? yes Date of 3-17-25

Was there an autopsy? no

What test confirmed diagnosis? Operation findings

(Signed) Frank (illegible), M. D.

, 19 (Address) 1200 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Mar 23 1925
20 UNDERTAKER	ADDRESS
John J. Fields	1200 W Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.H.R.S.—400 Blks.

D 96501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 96501

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1722 E 29th St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Katherine Straughen

(a) Residence No. 1722 E. 29 St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F.

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced (Write the word.): Sw

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Calvin Straughen

6-DATE OF BIRTH (month, day and year): Jan. 2, 1886

7-AGE: 34 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS

10-NAME OF FATHER: C. E. Utermohle

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary Ellen Drohan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore

14-

(Informant) E. Calvin Straughen

(Address) 1722 E. 29th St.

MAR 20 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 19. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1925 to Mar 19 1925

that I last saw her alive on Mar 18 1925

and that death occurred, on the date stated above, at 6 45 a. m.

The CAUSE OF DEATH* was as follows:

Secondary Carcinoma Peritoneal & Mediastinal Carcinoma — (Primary in (unk)

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? About 6 mos ago Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Carroll Lockard M. D.

Mar 19, 1925 (Address) 42 Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	March 22, 1925
20-UNDERTAKER	ADDRESS
George J. Smith	Hollins St

N. B.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. WRITE PLAINLY, WITH UNFADING INK.

D 96502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96502

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1608 Barclay St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth H. Doggett

(Residence in Baltimore: No. 1608 Barclay St.; yrs. 44 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. June 30 1880
(Month) (Day) (Year)

7-AGE. ....yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Kenneth Doggett

11-BIRTHPLACE OF FATHER, (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Ima Longworth

13-BIRTHPLACE OF MOTHER, (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert L. Longworth

(Address) 1608 Barclay St

15- MAR 20 1925 ROBERT P. KRAUTER Registrar.
Burial Permit Given.

Via Auto.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 19 25
(Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
Post Partum
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Embolism
Incident (Duration) ....yrs. ....mos. ....ds.

(Signed) H. S. Ruley M. D.
(Coroner.)

March 19 1925 (Address) 6 Eager Court

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
White Stone Way, Va	3/20 1925
20-UNDERTAKER. William Cook	ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

D 96503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96503

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 W Baltimore ST., 20-5 WARD)

2-FULL NAME Obas C. Carman

(a) RESIDENCE NO. 1912 W Baltimore ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Carrie May Carman

6 DATE OF BIRTH (month, day, and year) Dec 7 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	50	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paint Merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Carman

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Crusen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant George Carman
(Address) 1912 W. Baltimore St.

15 Filed MAR 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 21, 1925, to March 19, 1925
that I last saw him alive on March 18, 1925
and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stallings F. Stellman M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 21 1925

20 UNDERTAKER ADDRESS
Chas. G. Black 742 W. North ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WORK—THIS IS A PERMANENT RECORD. Every item of information

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96504

CERTIFICATE OF DEATH.

101-001 D 96504

1-PLACE OF DEATH

City of BALTIMORE: (No. 501 N. Paris St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Harris

(a) Residence No. 501 N Paris St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Harris

6-DATE OF BIRTH (month, day and year) March 30th 90

7-AGE, 34 yrs. 11 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Johnson Cook

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va. ?

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Chas Harris

(Address) 501-N-Paris

15- Filed, 19?

ROBERT P. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 1925, to March 19, 1925, that I last saw h[illegible] alive on March 19, 1925, and that death occurred, on the date stated above, at 6:40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At Place of Duty

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) Wm. J. Lowry, M. D.

, 19 (Address) 16 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cem. DATE OF BURIAL, March 21st, 19 25

20-UNDERTAKER, L. Jones ADDRESS 1121 E. Lafayette

This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 96505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 96505

Registered No. C.....

1-PLACE OF DEATH Found in water at

City of BALTIMORE: (No. foot of Broadway St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Sullivan

(Residence in Baltimore: No. unknown St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	unknown

6-DATE OF BIRTH. unknown

(Month) (Day) (Year)

7-AGE. About 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): 230

9-BIRTHPLACE, (State or Country) San Francisco

PARENTS.

10-NAME OF FATHER, Sullivan

11-BIRTHPLACE OF FATHER, (State or Country) unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Hyman

(Address) 506 E. Balto St.

15- MAR 20 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found floating in harbor March 16 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

How unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James W. Fenton M. D. (Coroner)

March 19 1925 (Address) Jew & Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine DATE OF BURIAL. 3/20 1925

20-UNDERTAKER Phil J. Hennig ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

96506 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96506

CERTIFICATE OF DEATH.

X 105

15-5

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 W North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis E. Newcomer

(a) RESIDENCE. No. 2721 W North Ave ST., WARD. Taneytown Md
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. abt 3 mos. weeks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Newcomer

6 DATE OF BIRTH (month, day, and year) Feb 12, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick County

PARENTS

10 NAME OF FATHER John Leister

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Mary E. Cooper

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Harry Krous

(Address) 2721 W. North ave

15 Filed MAR 20 1925 19 ROLAND R. DIFFENDAL, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17

I HEREBY CERTIFY, That I attended deceased from March 6 1925, to March 20 1925, that I last saw h alive on March 19 1925, and that death occurred, on the date stated above, at 5a m. The CAUSE OF DEATH* was as follows:

Bronchial Asthma
Pulmonary Odema

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ben Mercer M. D.

3/21 1925 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Reformed Taneytown	Mar 22 1925
20 UNDERTAKER O. E. Crusthson	ADDRESS Taneytown Md

D 96507 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96507

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at 3 1925 Registered No. C.....

City of BALTIMORE: (No. St. Josephs Hospital St., 3-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mary Archer

(Residence in Baltimore: No. 313 S Bond St., (yrs. 3) mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	S

6-DATE OF BIRTH. July 19 1921
(Month) (Day) (Year)

7-AGE. 3 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. John Archer

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Annie Frenchter

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Goldsmith

(Address) 313 S. Bond St

15- MAR 20 1925 ROBERT B. KRAUTER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 18 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Their death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Vault of Skull by Hatchet Hand of her Father

(Duration) murder sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M Benson M. D.
(Coroner)

March 18 1925 (Address) 701 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Trinity Cemetery	3/21 1925
20-UNDERTAKER. Jno G. Moran	ADDRESS 3500 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96508

CERTIFICATE OF DEATH.

100-001

D 96508

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital Ward)

2-FULL NAME Margaret Hall

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Mercy Hospital Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown 1850

7-AGE, 75 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Hospital Record

(Address) Mercy Hospital

15- MAR 20 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/19/25

17- I HEREBY CERTIFY, That I attended deceased from 12/5-1895 to 3/19/25 19....

that I last saw h— alive on 3/19/25 19....

and that death occurred, on the date stated above, at 11.40 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Holley M. D.

, 19 (Address) Mercy Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL, 3/21 19 25

20-UNDERTAKER. Chas. H. Crane & Son

ADDRESS 1121 N. Howard St. Loyola Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

James Haynes

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96509 CERTIFICATE OF DEATH. 1925 D 96509

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Myrtle ave ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME No Name

(a) RESIDENCE. NO. 1406 Myrtle ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Wm Haynes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Georgia

12 MAIDEN NAME OF MOTHER Cynthia Newton

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant

(Address)

Date MAR 20 1925 ROBERT R. KRAUTER, Registrar

Judicial Permit Clerk.

0282

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at 1.40 P.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Wooldridge, M. D.

3-19 1925 (Address) 713 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19

20 UNDERTAKER ADDRESS

Commissioner Health, MAR 20 1925

N. B.—WRITE PLAINLY, WITH INKADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

107

MARSHALL WHEELER

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96510

CERTIFICATE OF DEATH.

100 D 96510

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Lehi Jail St.: 10-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marshall wheeler

(Residence in Baltimore: No. Lehi Jail St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer) Gar

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER ~

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- MAR 20 1925 Filed....., 191.... ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pericho Pneumonia

Privilege

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) ..... M. D. (Coroner.)

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 19....
20-UNDERTAKER	ADDRESS

Commissioner Health.

Asst. Wm. H. WOODALL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

87

UNIVERSITY OF MARYLAND

0285 THE MORGUE.

D 96511

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96511

CERTIFICATE OF DEATH.

100-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 301 S. 6th St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Samuel Wentz

(Residence in Baltimore: No. 301 S. 6th St.; yrs. 20 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Single

6-DATE OF BIRTH. unknown ..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
63 yrs. ..... mos. ..... ds.	..... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)... General

9-BIRTHPLACE, (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed ..... 192.. MURRAY R. KRAUTER, Registrar.

MAR 20 1925 THE MORGAN

UNIVERSITY OF MARYLAND

0286

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) No medical attention

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Hanlon M. D.
(Coroner)

Mar 17 1925 (Address) 7 W. Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

20-UNDERTAKER. ADDRESS

Commissioner Health,

For WM. E. WOODALL

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 96512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 D 96512

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N. Poppleton St. 18-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dwight H Espey

(a) RESIDENCE. No. 238 N. Poppleton St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, ~~Married, Widowed,~~ or Divorced (~~write~~ the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 11-9-1865.

7 AGE: 60 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Common

(b) General nature of industry, business, or establishment in which employed (or employer): Street Commr

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: David Espey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Susan Brown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Maggie Williamson

(Address): 238 N. Poppleton

15 Filed MAR 20 1925 19 ADELAIDE H. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18 1925

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to March 18, 1925, that I last saw him alive on March 17, 1925, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Ds Alcoholics

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation and Symptoms

(Signed) C. W. Grimes, M. D.

(Address) 7128 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: March 20 1925

20 UNDERTAKER: Mrs Sue H Woo — ADDRESS: 406 W. Camden

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 96513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 197 D 96513

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

2-FULL NAME James Ball

(a) RESIDENCE No. Millenbeck Lancaster Co Virginia WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Ball

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 0 0 6
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Harrison Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant James Rice

(Address) 1603 McCulloh St

Filed MAR 20 1925, 192. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above. (over)

The CAUSE OF DEATH* was as follows:

Progressive Paralysis due to infection & pressure caused by bullet wound in left side of neck Probable Homicide yrs. mos ds.

CONTRIBUTORY (Secondary) Shot probably fired by John Purnell (duration) yrs. mos. ds.

(Signed) J S Wolter, M. D. (Coroner)

3-19-25, 192 (Address) 538 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., 19 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millenbeck Lancaster Co Va — DATE OF BURIAL: Mch 22 25

20 UNDERTAKER Sam'l H. Chase Son — ADDRESS 1400 Mosher

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1006 Bks.

D 96514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96514

REGISTERED NO. 52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 N. Mulberry ST.: 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Williams

(a) RESIDENCE. No. 1009 N. Mulberry ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Williams

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elana Lorini

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Emma C Williams 1009 W Mulberry st.

15 Filed . 19 MAR 20 1925

ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1925, to Mar 18, 1925, that I last saw him alive on Mar 18, 1925, and that death occurred, on the date stated above, at 9:45 P.M.

The CAUSE OF DEATH* was as follows:

Toxemia
about 3 wks
(duration)

CONTRIBUTORY (Secondary) Spinal arthritis deformans 6 or 8 mos
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) John H. Hopkins M. D.

(Address) 1019 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mch 22 1925
20 UNDERTAKER	ADDRESS
Sam'l R. Chase & Son	400 Mosher

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96515 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96515

CERTIFICATE OF DEATH. 101-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 1-1 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Meyers

(a) RESIDENCE NO. 2110 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: Years 50 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Wm F. Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Lusiam Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 20 1925 19 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1925

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1925, to March 19, 1925, that I last saw him alive on March 19, 1925 and that death occurred, on the date stated above, at 12:40 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller M. D.

3/20/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetary — DATE OF BURIAL: Mar 21 1925

20 UNDERTAKER: M. F. Sadowski — ADDRESS: 905 S. Arch St.

Spec.—1-10-21—M&T—1500 Bks.

Krisman ✓

96516

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 D 96516

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 S. 5th ST. 26-6 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isador Krigman

(a) RESIDENCE NO. 632 S. 5th ST., 26 WARD
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Krisman

6 DATE OF BIRTH (month, day, and year) May 19-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	9	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) 006
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Michal Kristman
(Address) 2309 Eastern ave.

15 Filed MAR 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18-1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 1923, to March 18, 1925, that I last saw him alive on March 18, 1925, and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Urine
(Signed) Frank C. Grantz, M. D.
Wh 1925 (Address) 2244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross German Hill Rd	March 19 25
20 UNDERTAKER	ADDRESS
Leo G. Crook	1731 N. Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96517

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 E. Ellwood ave ST., 6-3 WARD)

REGISTERED No. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Hayne

(a) RESIDENCE No. 218 E. Ellwood ave ST. 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 - 1925

7 AGE Years Months 3 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Ronald S. Hayne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Florence Buckler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence Hayne (Address) 218 E. Ellwood ave

15 Filed ..... 19 ..... Robert F. Harrison, Registrar

MAR 20 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1925, to Mar. 20, 1925, that I last saw h[illegible] alive on Mar. 20, 1925, and that death occurred, on the date stated above, at 1.10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

What was there an autopsy? No

What test confirmed diagnosis? Auscultation Path

(Signed) J M Driscoll M. D.

Mar 20 1925 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waldorf Charles County Md.

DATE OF BURIAL 3/24/1925

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96518

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96518

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. St., 8-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O'Leary

(a) Residence No. 1306 N. Chester st St., City Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 10 1845

7-AGE. 80 yrs. mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Geary

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Anne Moss

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

11- (Informant) John O'Leary

(Address) 1306 N. Chester St.

15- 19 Registrar.

MAR 20 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 18th 1925

17- I HEREBY CERTIFY, That I attended deceased from March 10 1925 to March 18 1925

that I last saw h.r. alive on March 13 1925.

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Sweet M. D

3/18 1925 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenbaltedalton DATE OF BURIAL. 3/21 1925

20-UNDERTAKER. J. A. Moran ADDRESS 3000 E Baltimore.

IMPORTANT—PHYSICIANS should be careful in filling out this certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 96519

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96519

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 N. 29 ST.: 12-2 WARD)

2-FULL NAME Dorothy L. Arnold

(a) RESIDENCE. No. 328 N. 29 ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 7 1925

7 AGE — Years: — Months: 6 Days: 12 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Raymond Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Cora Ditty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

11 Informant (Address) Raymond Arnold 328 N 29 St

15 [illegible] 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MAR 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 25

17 I HEREBY CERTIFY, That I attended deceased from Mar 10 19 25 to Mar 19 19 25
that I last saw h[illegible] alive on Mar 18 19 25
and that death occurred, on the date stated above, at 12-5 P.m.
The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. L. Campbell M. D.
Mar 20 19 25 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Mar 21 1925
20 UNDERTAKER	ADDRESS
Chenowith & Son	3615 Eastern Ave.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21– E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96520

CERTIFICATE OF DEATH.

6-29

D 96520

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 423 N. Madeira St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John Favor

(a) Residence No. 423 N Madeira St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Slate

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Favor

6-DATE OF BIRTH (month, day and year) March 1849

7-AGE 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Bohemia

PARENTS:

10-NAME OF FATHER. Frank Favor

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER. Frances Koperaby

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Bohemia

14- (Informant) Wm. Favor

(Address) 423 N. Madeira St

15- Filed ..... 192 ..... Registrar.

MAR 20 1925 Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 19 25

17- I HEREBY CERTIFY, That I attended deceased from April 20 19 25 to March 19 25

that I last saw h... alive on March 18 25 and that death occurred, on the date stated above, at 1 A M

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? T. Fujii, Autopsy

(Signed) T. Fujii M D

MAR 19 1925 (Address) 300 N. PATTERSON PARK AVE

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rdeem

DATE OF BURIAL Mar 21 19 25

20-UNDERTAKER. Frank Ericson

ADDRESS 1901 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96521

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96521

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N Bethel ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Briggs

(a) RESIDENCE NO. 624 N. Bethel St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 105			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Benjamin Briggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nettie Stayard (Address) 224 N Bradford St

15 Robert P. Harrison, Registrar

MAR 20 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1925

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to March 18, 1925, that I last saw h live on March 16, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis and Sclerosis of Brain

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

3/18, 1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn cemetery

DATE OF BURIAL 21 March 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96522

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96522

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 3112 Greenmount Ave St., 12-4 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... William B. Cole

(a) Residence No. 3112 Greenmount ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Estelle Cole

6-DATE OF BIRTH (month, day and year) Sept 13th 1846

7-AGE, 78 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 906

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, William Cole

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER, Ann Wells

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Harford Co Md

14- (Informant) Mrs E Stella Cole

(Address) 3112 Greenmount ave

15- Filed MAR 20 1925, 19.. Robert P. Harrigan Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 17th 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 22, 1925, to Mar 17, 1925, that I last saw him alive on Mar 18, 1925 and that death occurred, on the date stated above, at 8 A M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) several mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Examination

(Signed) E. O'Hare McCoy M. D.

3/20, 1925 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL, Mar 23rd 1925

20-UNDERTAKER, George Schalling & Sons — ADDRESS 1126 N Monument St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec- 12-23-21—E.B.R.S.—400 Bks.

D 96523

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2841 Bernard St., 12 Ward) 161-002 Registered No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Carter

(a) Residence No. 2841 Bernard St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W.

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 3/18/25

7-AGE. 0 yrs. 0 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore, Md. (State or Country).

PARENTS.

10-NAME OF FATHER, Jamie Carter

11-BIRTHPLACE OF FATHER (city or town) Frederick Md. (State or Country).

12-MAIDEN NAME OF MOTHER, Fannie Gates

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country). Md.

14- (Informant)

(Address) JOHNS HOPKINS HOSPITAL

15- MAR 20 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/19/25

17- I HEREBY CERTIFY, That I attended deceased from 3-18 1925 to 3-19 1925.

that I last saw h~~e~~ alive on 3-19 1925

and that death occurred, on the date stated above, at 1 30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Susanne R Parnes M. D.

3-19 1925 (Address) 702 Westwood ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL. 1925

20-UNDERTAKER, ADDRESS

MAR 20 1925

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

D 96524

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 D 96524

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at 1-2 Registered No. C.....

City of BALTIMORE: (No. Wolfe & Aliceann St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Friedrich Schaefer

(Residence in Baltimore: No. 16 S. Curley St.; yrs. 5 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept (Month) 29 (Day) 1924 (Year)

7-AGE. yrs. 5 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balt. City

PARENTS:
10-NAME OF FATHER, Jacob J. Schaefer
11-BIRTHPLACE OF FATHER, (State or Country) Balt. Md.
12-MAIDEN NAME OF MOTHER Caroline Nichols
13-BIRTHPLACE OF MOTHER, (State or Country) Balt. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George O. Emig

(Address) 1 S. Curley

15- Robert P. Harrison, 192.....

MAR 20 1925 Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(Dr. Insley)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M. Fenton M. D.
(Coroner.)

3/20 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery DATE OF BURIAL 3/21 1925

20-UNDERTAKER, Albert L Hilt ADDRESS 1606 N Chester

Spec.—6-9-19—H. P. Co.—1000 Bks.

Christeleit

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96525

CERTIFICATE OF DEATH.

129 D 96525

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7020 Thilheim ST. 70-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Christeleit

(a) RESIDENCE. NO. 7020 Kilheim ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/3/1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist Helper

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant William Christeleit
(Address) 7020 Kilheim Ave.

15 Filed . 19 Robert P. Barrison Registrar

MAR 20 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 19 25, to March 19, 19 25, that I last saw him alive on March 17, 19 25, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Bright's disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) F. Ely Smith, M. D.

3/19 1925 (Address) 910 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	March 21 1925
20 UNDERTAKER C. W. Dill	ADDRESS 3109 Frederick Ave.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96526

CERTIFICATE OF DEATH.

99-091 D 96526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Hanover ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Steiner

(a) RESIDENCE NO. 1706 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Steiner

6 DATE OF BIRTH (month, day, and year) 1-29-1834

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Wm. Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. John A. Amey 1706 Hanover.

Filed MAR 26 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to March 9, 1925, that I last saw her alive on March 9, 1925, and that death occurred, on the date stated above, at 8 45 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) [illegible] M. D.

March, 19 25 (Address) 2 Randall Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

London Ill

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. Fear McCully

DATE OF BURIAL 3/21 1925

20 UNDERTAKER J. Fear McCully

ADDRESS 1305 E. Fort

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

S·A·F

3 E T A

Spec.—1-10-21—M&T—1500 Bks.

D 96527
17 [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Griffith

(a) RESIDENCE No. Beckley W. Va ST., ... WARD Beckley W. Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Orla Griffith

6 DATE OF BIRTH (month, day, and year) .....

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) W. Va

PARENTS

10 NAME OF FATHER Robt. Bryant

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Va

12 MAIDEN NAME OF MOTHER Nora Sink

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Va

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 F..... 19 .....

Registrar

MAR 20 1925

Robert P. Harrison,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1925, to Mar 20, 1925, that I last saw h[illegible] alive on Mar 20, 1925, and that death occurred, on the date stated above, at 7 4/6 m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis with Stone
in Common Duct
Duodenal Ulcer

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/20/25

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) Hoi Harrod, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh n Va — DATE OF BURIAL 3/20/25

20 UNDERTAKER Joseph Stevens — ADDRESS 221 N Bond

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OD AK

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96528 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96528

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1931 N. Fulton Avenue St., 15-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... August F. Kuhl

(a) Residence No. 1931 N.Fulton Avenue St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Kuhl

6-DATE OF BIRTH (month, day and year) Aug. 5, 1876

7-AGE, 48 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Fish Business

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Own

(c) Name of employer..... (self)

9-BIRTHPLACE (city or town)..Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frederick Kuhl

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Gestina Schultz

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14- (Informant) Mrs. Katherine Kuhl

(Address) 1931 N. Fulton Avenue

15- Filed MAR 20 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from 3/16, 1925, to 3/19, 1925, that I last saw h[illegible] alive on 3/19, 1925, and that death occurred, on the date stated above, at 9.30 Am.

The CAUSE OF DEATH* was as follows: Pneumonia (Lobar)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm. D. Buppert M. D.

3-19, 1925 (Address) 1928 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cem. — DATE OF BURIAL, Mar. 21, 1925

20-UNDERTAKER, Joseph D. Cook — ADDRESS 103 N. Gay St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96529

CERTIFICATE OF DEATH.

48 D 96529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833 Winchester ST.: 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Honeywell Lang

(a) RESIDENCE. No. 2833 Winchester ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Lang

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md. U.S.A.

PARENTS

10 NAME OF FATHER George Rustell

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.A.

12 MAIDEN NAME OF MOTHER Clara Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.A.

14 Informant George Lang (Address) 2833 Winchester St.

15 Filed MAR 20 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1925

17

I HEREBY CERTIFY, That I attended deceased from August, 1924, to March 19, 1925, that I last saw her alive on March 19, 1925, and that death occurred, on the date stated above, at 4.35 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Nasopharynx

(duration) 3 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Dohme, M. D.

3/19/1925 (Address) 3014 St. Paul St., Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Mar 21 1925
20 UNDERTAKER	ADDRESS
Jos Joerdens Son	2078 Ba...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WARNING—RESERVED FOR BINDING

96530

HEALTH DEPARTMENT—CITY OF BALTIMORE

96530

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found: Harbor at

City of BALTIMORE: (No. foot of Wolf St., V-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Benthowski

(Residence in Baltimore: No. 635 S. Chapel St.; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... 1869 ..... 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
56 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 037
(b) General nature of industry, business, or establishment in which employed (or employer)..... house wife

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER, (State or Country), Poland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John Benthowski

(Address) 229 S. Wolfe St

15-

Filed ..... 192.....

Robert P. Harrison,
Registrar.

MAR 28 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
Missing Since Feb 1st
1925

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James McPherson M. D.
(Coroner)

March 30 1925 (Address) 704 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	March 21 1925
20-UNDERTAKER,	ADDRESS
John M Weber	1803 Bank St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96531

CERTIFICATE OF DEATH.

D 96531

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1103 S. Clinton St., 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Peter . Evanciow

(a) Residence No. 1103 S. Clinton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE) Anastasia. Evanciow

6-DATE OF BIRTH (month, day and year) Dec. 21 1877

7-AGE, 48 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Furnace Tender

(b) General nature of industry, business, or establishment in which employed (or employer): At Balto Copper Works

(c) Name of employer: do

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Konstanty. Evanciow

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Pelagia. Kuzan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14- (Informant) Mrs Anastasia . Evanciow

(Address) 1103 S. Clinton Street

15- Filed 192 Robert P. Harrison, Registrar.

MAR 29 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/18/25

17- I HEREBY CERTIFY, That I attended deceased from 3-12 ..., 25 to 3-18 ..., 19 25

that I last saw him alive on 3-18 ..., 19 25

and that death occurred, on the date stated above, at 8.45 p m.

The CAUSE OF DEATH was as follows:

La Grippe

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) J. Mitchell Finding M. D.

19 (Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus DATE OF BURIAL: March 21 1925

20-UNDERTAKER: John M Weber ADDRESS: 1803 Bank St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96532

CERTIFICATE OF DEATH.

90

D 96532

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 225 Belvedere Ave St. Lickly Ward 5

2-FULL NAME George G. Baumler

(a) RESIDENCE NO. 225 Belvedere Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Caroline Baumler

6 DATE OF BIRTH (month, day, and year) May 30 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Carling Baumler

(Address) 225 Belvedere Ave

15 Filed MAR 20 1925, 19 Robert P. Harrison, Registrar

Burial Permit

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 25, 1925, to March 20, 1925, that I last saw him alive on March 20, 1925, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation.

a. Senility.

(duration) some yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. W. Brackley, M. D.

, 19 (Address) 126 W Belvedere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Md. DATE OF BURIAL 23 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96533

CERTIFICATE OF DEATH.

90 D 96533

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28-1 WARD)

2-FULL NAME Thomas Mooney

(a) RESIDENCE NO. Mt. Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Unknown Widowed

6 DATE OF BIRTH (month, day, and year) ~~unknown~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
about	81	unknown		

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Morton Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland Cork

12 MAIDEN NAME OF MOTHER Mary Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mt Hope Records (Address)

15 Filed . . 19 Robert F. Garrison, Registrar

MAR 21 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17

I HEREBY CERTIFY, That I attended deceased from September, 1924, to March 20, 1925, that I last saw him alive on March 19, 1925, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (Senile degeneration)

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac dilitation

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physicians.

(Signed) Milton P. Hall M. D.

, 19 (Address) Highland. Residence Ky

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Hanford Ky	3/21 1925

20 UNDERTAKER Allen Leroy & Son ADDRESS 5 Lund

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Blks.

Dr Jenkins
718 N. Patterson Park

D 96534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 North Decker Ave St., 7-3 WARD)

2-FULL NAME Martha S. Hubbard

(a) RESIDENCE NO. 511 North Decker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj' W. Hubbard

6 DATE OF BIRTH (month, day, and year): 11-23-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Ans

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: L. L Bromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Valleria Maguire

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Andrew Hubbard

(Address): 511 N. Decker Ave

15 [illegible] . 19 .....

Registrar

MAR 20 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1925, to Mch 20, 1925, that I last saw h[illegible] alive on Mch 19, 1925, and that death occurred, on the date stated above, at 7:40 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) General Debility - Senile

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alvin B Lemmon M. D.

3/21, 1925 (Address) 1811 Pat Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Md	3/21 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Mad

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96535

CERTIFICATE OF DEATH.

182 D 96535

1-PLACE OF DEATH Western Maryland R.R.Coal Pier.

CITY OF BALTIMORE: (No. Port Covington. ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Foote.(C).

(a) RESIDENCE NO 608 Warner St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored.	Widower.

5a If married, widowed, ~~divorced~~ HUSBAND of ~~wife of~~ Mamie Foote.(C).

6 DATE OF BIRTH (month, day, and year) April 1864.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	11	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co.Md.

PARENTS

10 NAME OF FATHER Thomas Foote.(C).

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A.Co.Md.

12 MAIDEN NAME OF MOTHER Mary Anderson.(C).

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A.Co.Md.

14 Informant Benjamin Foote.(C). (Address) Costur, Calvert Co.Md.

15 [illegible] Robert P. Harrison, Registrar

MAR 21 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing March 3rd, 1925. Body recovered March 17th, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental fall from a wharf.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)
March 19, 1925. (Address) 1016 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Johns Cemetery, Calvert Co. Md	3-22 1925
20 UNDERTAKER John H. Fradin	ADDRESS 1027 Hanover Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96536

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Gilmor ST.: 19-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Boyle

(a) RESIDENCE. No. 12 N. Gilmor ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not known.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	63.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Dennis Lanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret O'Connell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daniel J. Foden
(Address) 12 N. Gilmor

15 Filed APR 21 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1924, to March 21st, 1925, that I last saw h[illegible] alive on March 20th, 1925, and that death occurred, on the date stated above, at 3.40 p. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hauff, M. D.

19 (Address) 1143 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	March 23 1925
20 UNDERTAKER	ADDRESS
George L. Smith	532 Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96537

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96537

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1104 Shields ale (St.) 17-1 (Ward) 100-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Carey

(a) Residence No. 1104 Shields ale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Carey

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 39 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant) Rosa E. Spencer

(Address) 1104 Shields ale

Filed 4-1 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/19/25

17- I HEREBY CERTIFY, That I attended deceased from 3/14/25 to 3/19/25

that I last saw h alive on 3/19/25

and that death occurred, on the date stated above, at 8.10a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Recurrent Bronchitis

(Duration) yrs. mos. 21 ds.

18-Where was disease contracted if not at place of death? n.d.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. Cowley M. D.

3/19, 1925 (Address) 908 Shaples

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Zion Ct DATE OF BURIAL. March 22, 1925

20-UNDERTAKER. C. W. Brazier's Son ADDRESS 1054 Montgomery

IMPORTANT—PERMANENT RECORD. Every item of information must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96538

CERTIFICATE OF DEATH.

D 96538

1-PLACE OF DEATH

City of BALTIMORE: (No. 616 S. Bond St., 3-4 Ward) Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Adam Kaspszyk

(a) Residence No. 616 S. Bond St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 23-1925

7-AGE. yrs. mos. 29 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work. None apparent

(b) General nature of Industry, business, or establishment in which employed (or employer). Infant

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER. Wladyslaw Kaspszyk

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Mary Brulinska

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14-(Informant) W. Kaspszyk

(Address) 616 S. Bond

15-Filed MAR 27 1925, 192 Robert F. Harrison, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 20-25

17-I HEREBY CERTIFY, That I attended deceased from Mar. 16 1925 to Mar 20 1925

that I last saw him alive on Mar 20 1925

and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(Duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dec J Ryan M. D.

(Address) Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL, Mar 21 1925

20-UNDERTAKER. William Fiaszowski

ADDRESS 101 Eastern

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96539 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96539

CERTIFICATE OF DEATH. 21

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 26-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert W. Young

(a) RESIDENCE NO. Bay View St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	65 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 131

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER John Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliz. Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 21 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1925

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1925 to March 19 1925.

that I last saw him alive on March 19, 1925

and that death occurred, on the date stated above, at 1.00 a m.

The CAUSE OF DEATH* was as follows:

Erysipelas - facial

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory.

(Signed) W. L. Miller M. D.

3/20/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	March 19 25
20 UNDERTAKER	ADDRESS 1037 Hanover
E. Schluman & Son	

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96540

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96540

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp St., 8-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Lebke

(a) Residence No. 2301 Oliver st City St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 26, 1855

7-AGE. 70 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) U S Lab Co 040

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bavaria Germany

PARENTS.

10-NAME OF FATHER George Lebke

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14-

(Informant) Helena Lunke

(Address) 2301 E Oliver St

Filed MAR 21 1925 192 H Lamb Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 25

17- I HEREBY CERTIFY, That I attended deceased from March 19 1925 to March 21 1925

that I last saw him alive on March 21 1925

and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G B Gilbert M. D

Mar 21 1925 (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem DATE OF BURIAL. March 24 1925

20-UNDERTAKER. Williams Bros ADDRESS 522 E Oliver St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96541

D 96541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 37-001 M Gonnale

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

2-FULL NAME Norman Hretwell Cox

(a) RESIDENCE NO. Waterview - Wicomico Co. Md ST., WARD .....
(Usual place of abode) 14 hrs.
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Nanticoke - Wicomico Co - Md
(State or country)

PARENTS

10 NAME OF FATHER William Cox

11 BIRTHPLACE OF FATHER (city or town) Nanticoke
(State or country) Wicomico Co Md

12 MAIDEN NAME OF MOTHER Mary Eggers

13 BIRTHPLACE OF MOTHER (city or town) Salisbury
(State or country) Wicomico Co Md

14 Informant University Hospital
(Address) Balto Md

Filed MAR 21 1925 H. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19 1925

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to March 20, 1925, that I last saw h[illegible] alive on March 20, 1925, and that death occurred, on the date stated above, at 1459 m.

The CAUSE OF DEATH* was as follows:

(1) Miliary Tuberculosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A W Richmond, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nanticoke, Md	Mar 21, 1925

20 UNDERTAKER W. M. Cook ADDRESS 532 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-1-10-21-M&T-1500 Blks.

D 96542

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96542

44

CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 N. Calhoun ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry A. Loane

(a) RESIDENCE No. 136 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Loane

6 DATE OF BIRTH (month, day, and year) 9/13/1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contracting

(b) General nature of industry, business, or establishment in which employed (or employer) work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry E. Loane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Jane E. Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Eva Loane

(Address) 1200 E. North Ave.

15 Date Received MAR 21 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1924, to Mch 19, 1925, that I last saw him alive on Mch 19, 1925, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of liver

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Fibroid phthisis tuberculosis mitral dorsalis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Fibroid-pulmonary by X Ray

(Signed) Wm. Dulany Thomas M. D.

3/21, 1925 (Address) 830 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 3/21/25 19

UNDERTAKER George J. Ruth

ADDRESS 1235 Harford Ave

Spec–12-23-21–E.B.R.S.–400 Bks.

D 96543 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96543

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Inf., 8-2 Registered No. 44

City of BALTIMORE: (No. Kreinhofner St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Joseph Kreinhofner

(a) Residence No. 2000 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., If of foreign birth? 21 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND ~~of (or) WIFE~~ of Francisca Kreinhofner

6-DATE OF BIRTH (month, day and year) May 22 1870

7-AGE. 54 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Baker
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Austria

PARENTS.

10-NAME OF FATHER. Jacob Kreinhofner

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Austria

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not Known

11- (Informant) Mrs. Francisca Kreinhofner

(Address) 2000 E. Federal St.

15- Hall Registrar.

MAR 21 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 25 25

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1925 to March 25 1925 that I last saw him alive on March 25 1925 and that death occurred, on the date stated above, at 6.05 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma pylorus

Tuberculosis both Apices Lungs ?

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lymph Test.

(Signed) Keith C. Lee M. D.

3/24/25 19 (Address) Church Home & Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	March 23 1925
20-UNDERTAKER. Henry Hoeck Son	ADDRESS 1301 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK. Items must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96544 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96544

100-00

CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N Fulton Ave ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kathryn C. Beaudette

(a) RESIDENCE No. 125 N Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Jan 12,1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md (State or country)

PARENTS

10 NAME OF FATHER Philip Beaudette

11 BIRTHPLACE OF FATHER (city or town) Michigan (State or country)

12 MAIDEN NAME OF MOTHER Margaret Butler

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md (State or country)

14 Informant Philip Butler

(Address) 125 N Fulton Ave

15 Filed MAR 21 1925 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1925 to March 20 1925, that I last saw her alive on March 20, 1925, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Retropharyngeal abscess

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan M. D.

. 19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL March 21 1925.

20 UNDERTAKER John F. Cowan & Son. Per J. F. Cowan ADDRESS 90 Holliday St.

Spec.—1-10-21—M&T—1500 Bks.

D 96545

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96545

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Haubert ST., 24-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Brathauer

(a) RESIDENCE NO. 1430 Haubert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Brathauer

6 DATE OF BIRTH (month, day, and year) May 15 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Not Positive

PARENTS

10 NAME OF FATHER unknown Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Katherine Nelson

(Address) 26 E Montgomery St

Robert P. Harrison, Registrar

Burial Permit Clerk.

APR 21 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17 I HEREBY CERTIFY, That I attended deceased from 3,7 1925 to 3,20 1925;

that I last saw h[illegible]-alive on 3,20 1925;

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus 3

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Paralysis renal Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L D Shurlington, M. D.

3 20 1925 (Address) 102 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 3-24 1925

20 UNDERTAKER Earl B Hark 115 E North Ave — ADDRESS

A.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96546

CERTIFICATE OF DEATH.

3/ D 96546

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St. 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Jenkins

(a) Residence No. 519 W. Lombard st. St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6-DATE OF BIRTH (month, day and year) 1867

7-AGE.	If LESS than 1 day,
58 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Jenkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Knott

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed MAR 21 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from December 10, 19 24 to March 17, 19 25

that I last saw him alive on March 17, 19 25

and that death occurred, on the date stated above, at 3.10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Pott's disease. Tuberculosis left knee. (Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. F. White M. D.

3-17, 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral	3-21, 1925

20-UNDERTAKER.	ADDRESS
Earl B Hanks	115 E Mosher St

IMPORTANT: WHOLE PENALTY, WHEN CONVICTED UNDER THESE BOOKS. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

D 96547 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96547

CERTIFICATE OF DEATH.

REGISTERED No. C 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 Pressbury ST.; 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Whitney Graves

(Residence in Baltimore: No. 3103 Pressbury St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Dec 9, 1886 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
38 yrs. 3 mos. 11 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Dorchester Co. Md

PARENTS.

10-NAME OF FATHER, Wilbur H. Graves

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Whitney

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura B. Graves

(Address) 3103 Pressbury St.

15- Filed MAR 21 1925, 191.... H.A.W. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 20th, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25th 1924, to Mar 20 1925, that I saw h.. alive on Mar 20th 1924, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Epididymes with a general carcinomatosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Isaac C. Dickson M. D.

Mar. 21, 1925 (Address) 2055 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loraine Cemetery	Mar 23rd, 1925
20-UNDERTAKER Wilson & Co	ADDRESS 1330 Eutaw

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 96548

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 96548

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Clarkson ST., 22-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Bachmann

(a) RESIDENCE No. 1410 Clarkson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Bachmann

6 DATE OF BIRTH (month, day, and year) July 4, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Weigand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Annie Benner

(Address) 1410 Clarkson St.

15 Filed Mar 21 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to March 20, 1925, that I last saw her alive on March 19, 1925, and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) E. G. Marx, M. D.

3-21-1925 (Address) 516 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bachmans Cemetery	Mar 23 1925
20 UNDERTAKER	ADDRESS
John F Denny	715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96549 D 96549

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 N. Wolfe ST., 7-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Hutton

(a) RESIDENCE No. 1017 N. Wolfe. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hutton

6 DATE OF BIRTH (month, day, and year) Jan 19 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Littleton N.C.

PARENTS

10 NAME OF FATHER Harry O'neal

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Lama Hunt m 3-21-1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country) NC

14 Informant Willie Harris

(Address) 10 Mosher Wolfe St.

Filed MAR 27 1925, 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-1925

17 I HEREBY CERTIFY, That I attended deceased from 2-15-, 1925, to 3-19-, 1925, that I last saw h alive on 3-18-, 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont Know.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W H Langley, M. D.

(Address) 611 - N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Littleton N.C.	March 1925
20 UNDERTAKER	ADDRESS
M. K. Elliott	1725 Eutaw St

Burial Permit Clerk

26—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. CARE in giving information should be carefully supplied. AGE, RACE, and CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96550

CERTIFICATE OF DEATH.

D 96550

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 N. Wolfe St ST., 8-47 WARD)

2-FULL NAME Jesse Washington

(a) RESIDENCE NO. 1207 N. Wolfe St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
about	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Not at all af Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): U

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U

14 Informant: George W. Benson
(Address): 1207 N. Wolfe St

15 Filed MAR 21 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 17-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Possible Epilepsy (Duration) yrs. mos. ds.

(Signed) J. S. A. Tallen, M. D.
(Coroner.)

3-19-25, 192 (Address) 508 E. Nor h Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar 24 1925

20 UNDERTAKER: Mrs R. C. Elliott — ADDRESS: Laurel Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec– 12-23-21– E.B.R.S.—400 Bks.

D 96551 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96551

CERTIFICATE OF DEATH.

16-631

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St.) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Dick Wineberry

(a) Residence No. 1037 N. Stricker st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Wineberry

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. About 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Washington (State or Country), D. C.

PARENTS

10-NAME OF FATHER, Hamilton Wineberry

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Records (Address) M.T.H.

15- Filed MAR 21 1925 16- Robert E. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch. 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 18 1925 to March 18 1925 that I last saw h. im alive on March 18 1925 and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. findings.

(Signed) J. D. White M. D.

3-19-, 1925 Address Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND DATE OF BURIAL, 19

20-UNDERTAKER. Commissioner Health, ADDRESS MAR 21 1925

Burial Permit Clerk.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96552

CERTIFICATE OF DEATH.

46 D 96552

1-PLACE OF DEATH Mercy Hospital at Bay View REGISTERED NO.

-CITY OF BALTIMORE: (No. Bay View Hospital ST. Wash WARD 11-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hallie Fay

(a) RESIDENCE NO. 443 West Biddle ST., ... WARD ...
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER John Rawlins

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Smith

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Bay View Hospital Records.
(Address)

15 Filed ... 19 ... Registrar

R 21 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/26 1924 to 3/19 1925

that I last saw her alive on 3/19 1925

and that death occurred, on the date stated above, at 7 00 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix with metastasis.

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Arnold L. Jensen, M. D.

3/21 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL ... 19

20 UNDERTAKER ...

ADDRESS ...

Commissioner Health.

MAR 21 1925

INK—THIS IS A PERMANENT RECORD. Eye ... of mother.
AGE should be carefully supplied. AGE
CAUSE OF DEATH in plain terms, so that it
TION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96553

CERTIFICATE OF DEATH.

101-001

D 96553

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH So. BALTO. GENERAL HOSPITAL

CITY OF BALTIMORE: (No. ..... St.) 11-2 WARD)

2-FULL NAME Roy A. FARLOW

(a) RESIDENCE NO. 421 E. BIDDLE ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of WINIFRED FARLOW

6 DATE OF BIRTH (month, day, and year) JULY. 25, 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	26	7	25,	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work SALESMAN 066

(b) General nature of industry, business, or establishment in which employed (or employer) INSURANCE

(c) Name of employer BALTO. AMERICAN

9 BIRTHPLACE (city or town) (State or country) PITTSVILLE MARYLAND -

PARENTS

10 NAME OF FATHER BENJ. FARLOW -

11 BIRTHPLACE OF FATHER (city or town) (State or country) PITTSVILLE MARYLAND

12 MAIDEN NAME OF MOTHER LOUISIANA PARSONS

13 BIRTHPLACE OF MOTHER (city or town) (State or country) PITTSVILLE MD -

14 Informant WINIFRED FARLOW — (Address)

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

MAR 21 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20 1925

17

I HEREBY CERTIFY, That I attended deceased from MARCH 13, 1925, to MARCH 20, 1925, that I last saw him alive on MARCH 20, 1925 and that death occurred, on the date stated above, at 11 10 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) ..... yrs. mos 12 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) J. E. Peterman, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsville - Md.	1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E. Pratt

INFORMATION—THIS STATEMENT, WITH UNDERLINING—mation should be carefully supplied. AGE sh CAUSE OF DEATH in plain terms, so that it n TION is very important. See instructions on b

Spec—12-23-2.—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96554

D 96554

CERTIFICATE OF DEATH.

100-081

1-PLACE OF DEATH

City of BALTIMORE: (No.) 17 Elm Ste St., 25 Ward) Registered No.....

2-FULL NAME Frances Gregorek

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 17 Elm Ste St., 25 Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 6-1924

7-AGE, yrs. 6 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Curtis Bay Md

PARENTS.

10-NAME OF FATHER, Edward Gregorek

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Frances Daniecka

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14-

(Informant) Frances Daniecka

(Address) Curtis Bay, Baltimore Md

15-

Filed ..... 192 Robert P. Harrison, Registrar.

MAR 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 21-1925

17- I HEREBY CERTIFY, That I attended deceased from March 20 1925 to March 21 1925

that I last saw her alive on March 21 1925.

and that death occurred, on the date stated above, at 2.45 A M

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions 1/2 hour

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon S. Harka M. D

March 24 1925 (Address) Curtis Bay Baltimore Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem	Mar 24 1925
20-UNDERTAKER.	ADDRESS
Stephen Strialkowski	100 Hanover St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 96555

HEALTH DEPARTMENT—CITY OF BALTIMORE

3/ D 96555

CERTIFICATE OF DEATH.

South of Ilinois st East of Eutaw st

1-PLACE OF DEATH

City of BALTIMORE: (No. 2609 Hillside ave St., 8-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Mabel S Long

(a) Residence No.... 2609 Hillside ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed,~~ or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick Long

6-DATE OF BIRTH (month, day and year) April 24 1890

7-AGE, 34 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry Beitler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Gettysburg Pa

12-MAIDEN NAME OF MOTHER, Marion Frederick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Frederick Long

(Address) 2609 Hillside ave

15- Killed ..... 192.....

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MAR 21 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 20th 1925

17- I HEREBY CERTIFY, That I attended deceased from March 8, 1925 to March 20, 1925

that I last saw her alive on March 20, 1925

and that death occurred, on the date stated above, at. 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the lungs

(Duration) 1 yrs. 5 mos. 20 ds.

CONTRIBUTORY, (Secondary) Cardiac & Respiratory Paralysis (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Albert L. Hesser M. D.

Mar 20 1925 (Address) 1723 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Mar 23rd 1925

20-UNDERTAKER, George Schilling & Sons ADDRESS 1126 E Monument st

Instructions: Exact statement of OCCUPATION is very important. Use EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ALL questions should be answered carefully, supplied. Use ink. Write plainly. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96556

CERTIFICATE OF DEATH.

D 96556

100-901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gabriel Geraltey

(a) RESIDENCE NO. 1913 N. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. ALL ITEMS ON THIS CERTIFICATE, WITH OPERATOR'S REPORT, SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67 yo.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 166

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Unknown

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Unknown

14 Informant Municipal Hospital Records (Address)

MAR 22 1925

ROBERT H. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1924, to March 21 1925, that I last saw him alive on March 20, 1925, and that death occurred, on the date stated above, at 12:10 p. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller, M. D.

3/24, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chev Shalom	3/23 1925

20 UNDERTAKER Louis Sondheim ADDRESS 118 W Lexington

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96557

CERTIFICATE OF DEATH.

38 D 96557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Stockton ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Lane

(a) RESIDENCE NO. 1308 Stockton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Lane

6 DATE OF BIRTH (month, day, and year): May 21-1856

7 AGE — Years: 68 — Months: 10 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer): Self

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Wm Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Katie Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant (Address): Annie Lane 1308 Stockton St.

15 Filed ... 19 ... RUTH R. KRAUTER, Registrar

MAR 22 1925 Municipal Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 18-Mar 19 25

17 I HEREBY CERTIFY, That I attended deceased from Mar. 15. 19 25 to Mar. 18. 19 25 that I last saw him alive on Mar-17. 19 25 and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Hemiplasia

(duration) yrs. 3 mos 10 ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Walker, M. D.

19 (Address) 821 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Owens Sta Md.

DATE OF BURIAL: March 22 25

20 UNDERTAKER: Mrs Jno H. Dennis for T. E. Kelson

ADDRESS: 1503 Pleasant St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96558

CERTIFICATE OF DEATH.

D 96558

1-PLACE OF DEATH

City of BALTIMORE: (No. 1637 Covington Street, 24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie M. Dailey

(a) Residence No. 1837 Covington Street, Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Dailey

6-DATE OF BIRTH (month, day and year): July 24, 1863

7-AGE: 61 yrs. 7 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Union Town, Carroll County, Maryland

PARENTS.

10-NAME OF FATHER: Alfred S. Warner

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Carroll County, Maryland

12-MAIDEN NAME OF MOTHER: Ann L. Hateslen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Carroll County, Maryland

14-Informant: Mrs. I. Bricker

(Address): 1924 W. Franklin Street

15-MAR 22 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 18, 1925, to Mar 20, 1925, that I last saw h[illegible] alive on Mar 20, 1925, and that death occurred, on the date stated above, at 7.30 P. m. The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria sclerosis

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical signs.

(Signed) Sidney L. Streett, M. D.

3-21, 1925 (Address) 445 E. Fort Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Mar 23, 1925

20-UNDERTAKER: Dept & Cook ADDRESS: 1003 W. Balto St.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96559

CERTIFICATE OF DEATH.

11-001

D 96559

1-PLACE OF DEATH

City of BALTIMORE: (No. 137 S Ellwood Ave St., 1-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Irving Bew

(a) Residence No. 137 S Ellwood St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 22

7-AGE, 1 yrs. 4 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country),

PARENTS.

10-NAME OF FATHER, Irving Bew

11-BIRTHPLACE OF FATHER (city or town) Va (State or Country),

12-MAIDEN NAME OF MOTHER, Alice Bew

13-BIRTHPLACE OF MOTHER (city or town) Va (State or Country),

14- (Informant) Mrs Alice Bew

(Address) 137 S Ellwood

15- Filed MAR 22 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-21-25

17- I HEREBY CERTIFY, That I attended deceased from 3-16-25, to 3-21-25, that I last saw h[illegible] alive on 3-21-25, and that death occurred, on the date stated above, at 1020 A.M.,

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

(Address) 1 W Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Gloucester Point Va — DATE OF BURIAL, Mar 23, 1925

20-UNDERTAKER, John Ellrich — ADDRESS 2008 Aliceanna

Be sure to answer EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 96560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96560

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 E. Ostend St. ST., 24-1 WARD)

2-FULL NAME James Crawford.

(a) RESIDENCE No 123 E. Ostend St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXX Virginia Crawford.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Street sweeper. 086
(b) General nature of industry, business, or establishment in which employed (or employer) City of Baltimore.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Crawford.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Virginia Crawford. (wife)
(Address) 123 E. Ostend St.

15 Filed MAR 22 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)
Mch. 21, 1925 (Address) 1014 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	3/23 1925
20 UNDERTAKER J. Fenw McCully	ADDRESS 130 E. Fort

TION is very important. See instructions on back of certificate.

...may be properly classified. Exact statement of OCCUPA-...

Spec.—1-10-21—M&T—1500 Bks.

179067
D 96561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 96561

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 17-3 WARD)

2-FULL NAME Daniel J. Doyle

(a) RESIDENCE No. 2636 Maryland Ave ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Accountant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass

PARENTS

10 NAME OF FATHER Michael Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Eliz. Creagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire

14 Informant (Address) JOHNS HOPKINS HOSPITAL.

15 MAR 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to Mar 20, 1925, that I last saw him alive on March 21, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lung abscess, Empyema
Purulent Pericarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary pulmonary tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Mar 6 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) F. L. Richter M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 3/24/25

20 UNDERTAKER Geo. M. Fink & Son

ADDRESS 811 N. Wolfe

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96562

CERTIFICATE OF DEATH.

6-27 D 96562

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Klingelhoefer,

(a) RESIDENCE NO. 2027 E. Jefferson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View Hospital,
(Address) Baltimore, Md.

MAR 22 1925 MYRTLE R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 19 25

17

I HEREBY CERTIFY, That I attended deceased from January 7, 19 25, to March 20, 19 25,

that I last saw her alive on March 19, 19 25,

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Erysipelas--Terminal Bronchial Pneumonia, Influenza

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Psychosis with Constitutional Psychopathic Inferiori

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At hospital.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Goldsmith, M. D.

, 19 (Address) Bay View Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL March 23 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96563

90 D 96563

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Linwood Ave ST., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman C. Discher

(a) RESIDENCE NO. 719 N. Linwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Elizabeth C. Discher

6 DATE OF BIRTH (month, day, and year) Mar 6-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	0	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cigarmaker
(b) General nature of industry, business, or establishment in which employed (or employer) 017
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Discher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ernestine Glantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Wm. Wheeler
(Address) 719 N. Linwood Ave

15 Filed MAR 22 1925 192 ROBERT N. KRAUTER Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-Probably Myocardial

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J S H Tolen (Coroner.) M. D.

3-20-25, 192 (Address) 508 E. orth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dallo Cemetery	March 23 1925
20 UNDERTAKER Robt J Turner Jr	ADDRESS 1442 Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96564

REGISTERED NO. D 25564

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Greenwillow St. ST., 17-2 WARD) 128

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Johnson

(a) RESIDENCE NO. 539 Greenwillow st, ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Johnson

6 DATE OF BIRTH (month, day, and year) Jan. 6th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Watkins.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ellicott City, Md.

12 MAIDEN NAME OF MOTHER Dricilla Smith,

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Portsmouth, Va.

14 Informant Jennie Johnson
(Address) 539 Green willow st.

15 MAR 22 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1925, to Mar. 19th, 1925, that I last saw h or alive on March 19th, 1925, and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) Harry L. Brown, M. D.

3/19, 1925 (Address) 1501 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 3/22/25

20 UNDERTAKER Samuel F. Hemsley — ADDRESS 57 N Eden

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96565

100-001 D 96565

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5145 Lakewood ave ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Krysiak

(a) RESIDENCE No. 5145 Lakewood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER George Krysiak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant George Krysiak

(Address) 5149 Lakewood ave

Filed MAR 22 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/10 .1925. to 3/19 .1925.

that I last saw h[illegible] alive on 3/19 .1925.

and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation, Arteriosclerosis

(duration) yrs. mos 9T ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia Heart failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jos. A. Orlofsky M. D.

. 19 (Address) 1623 E Baltimore.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	3/23 19 25
20 UNDERTAKER J. W. Ozazewski	ADDRESS 1930 Boston St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 96566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 D 96566

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Argyle Ave ST., 17-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Jackson

(a) RESIDENCE NO. 1308 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Jackson

6 DATE OF BIRTH (month, day, and year) about 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	74			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer General

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Richard Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md,

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Harriet Jackson (Address) 1308 Argyle Ave

15 MAR 22 1925 192 Registrar ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Coroner, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Heuisler M.D. (Coroner)

1925 (Address) 280 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3/23/25

20 UNDERTAKER Wm. Geo H Holland — ADDRESS 1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 96567 HEALTH DEPARTMENT—CITY OF BALTIMORE

178 D 96567 + 90 D 96567

CERTIFICATE OF DEATH.

1-PLACE OF DEATH "JOHNS HOPKINS HOSPITAL" REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7 WARD)

2-FULL NAME Florence Brooks

(a) RESIDENCE No. North Point Rd ST. Balto Co. Md WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Tilly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MAR 22 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1925, to March 20 1926.

that I last saw her alive on March 20, 1925.

and that death occurred, on the date stated above, at 6 40 a. m.

The CAUSE OF DEATH* was as follows:

Heart Disease - aortic & mitral insuff.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: John Wesley, North Point Cemetery — DATE OF BURIAL: March 22 1925

20 UNDERTAKER: Milton Lavin — ADDRESS: 315 N Eden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96568

CERTIFICATE OF DEATH.

D 96568

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hara Quinn

(a) Residence No. 406 E. Clement St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Quinn

6-DATE OF BIRTH (month, day and year) May 9 1875

7-AGE yrs. 49 mos. 9 ds. 21

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER Michael Cooney

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Connelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Margaret Quinn

(Address) 406 E. Clement St.

15- MAR 22 1925 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 20 1925

17. I HEREBY CERTIFY, That I attended deceased from Mar 17 1925 to Mar 20 1925

that I last saw h.. alive on Mar 20 1925

and that death occurred, on the date stated above, at 3 30 P. M.

The CAUSE OF DEATH* was as follows

Cerebral Apoplexy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chalicystitis & Cholelithiasis

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Mar. 18/25

Was there an autopsy? Yes

What test confirmed diagnosis? Clin & Phys Exam

(Signed) Harry Englert, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Mar. 24 1925

20-UNDERTAKER. Margaret G. Flynn ADDRESS 422 Light St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

D 96569

CERTIFICATE OF DEATH.

100 D 96569

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1940 Light ST., 23-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth N. Eden

(a) RESIDENCE NO. 1940 Light St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 20 1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Andrew Eden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Dericks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Andrew Eden

(Address) Balto —

15 Filed ..... 19 .....

MAR 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 15, 1925, to Mch 20, 1925,

that I last saw h.. alive on Mch 20, 1925

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Dr Lanahan

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas W Brook, M. D.

, 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem — DATE OF BURIAL March 23 1925

20 UNDERTAKER Margaret A. Flynn — ADDRESS 1422 Light St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96570

CERTIFICATE OF DEATH.

161-002

D 96570

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lucas

(a) RESIDENCE NO. 114 Jackson Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Feb 12-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Isador Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country): U.S.A.

12 MAIDEN NAME OF MOTHER: Sadie Israel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mr. Israel
(Address): 114 Jackson Place

15 Filed MAR 22 1925 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage at birth.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ... yrs. ... mos. 2 ds.

(Signed) J. S. Collins (Coroner.) M. D.

3-22-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Int'ment

DATE OF BURIAL: 3/22 1925

20 UNDERTAKER: Jack Levin 1429 E 13

ADDRESS: all 24

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 96571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 D 96571

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Leopold Kuskey

(a) RESIDENCE NO. 4 South Broadway ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kuskey

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 20

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Hospital Hebrew

15 Filed MAR 22 1925 ROBERT R. KRAUSE, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 24, 1925, to March 21, 1925, that I last saw him alive on March 21, 1925, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Head of Pancreas

..... (duration) ✓ yrs. 2 mos 1 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Isidore D. Fry, M. D.

March 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	3/22 1925
20 UNDERTAKER Jack Levis	ADDRESS 1439 E Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 96572

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 622 N. Washington St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Geltman

(a) Residence No. 622 N Washington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 42 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1883

7-AGE. 42 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. merchant

(b) General nature of industry, business, or establishment in which employed (or employer). 0

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country). Russia

PARENTS

10-NAME OF FATHER. Shmiel Geltman

11-BIRTHPLACE OF FATHER (city or town).....
(State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country). Russia

14- (Informant) Mrs Maud Geltman

(Address) 622 N Washington st

15- Filed MAR 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 21 1925

17- I HEREBY CERTIFY, That I attended deceased from May, 1924, to March 21st, 1925, that I last saw h alive on March 21, 1925, and that death occurred, on the date stated above, at. 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffused Nephritis
mitral insufficiency

(Duration) yrs. 11 mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. A. McCulloch M. D

March 22 1925 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Henrietta	Mar 22 19 25
20-UNDERTAKER.	ADDRESS
Sol Levinson & Bro	Balto st

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 96573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

D 96573

1-PLACE OF DEATH — Registered No. D 96573

City of BALTIMORE: (No. 1604 Aliceanna St., V-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Michalski

(Residence in Baltimore: No. 310 S. Ann St., yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Married

6-DATE OF BIRTH. Jan (Month) 30 (Day) 1863 (Year)

7-AGE.	If LESS than 1 day,
61 yrs. 1 mos. 19 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Leopold Michalski

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Michalski

(Address) 310 S Ann.

15- Filed MAR 22 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M Fowler M. D. (Coroner.)

March 20 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary DATE OF BURIAL. March 23 1925

20-UNDERTAKER. John M Weber ADDRESS 1803 Bank St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 78809
D 96574

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 D 96574

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 23-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fonsa Lerch

(a) RESIDENCE NO. 908 S Hanover St. ST., ... WARD ....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Lerch.

6 DATE OF BIRTH (month, day, and year) [illegible]-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Chas. Dewald.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Veronica Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ricardo
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... , 19 ..... ROBERT R. KRAUTER, Registrar
MAR 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 , 1925, to March 21 , 1925, that I last saw her alive on March 21 , 1925, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma Pelvis
Gen. Metastasis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) malnutrition

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/25/25

Was there an autopsy? Yes

What test confirmed diagnosis? Section of Tissue

(Signed) C. H. Bagley. M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westview Cem	3/24 1925
20 UNDERTAKER John F. Parker Sons	ADDRESS 131 E. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 96575

CERTIFICATE OF DEATH.

161-009575

1-PLACE OF DEATH Maryland Genl. Hosp 30-5 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Denis

(a) RESIDENCE No. 1917 Belmore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/21/25

7 AGE: Years | Months | Days | If LESS than 1 day, 4 hrs. 25 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md. Genl. Hosp.

PARENTS

10 NAME OF FATHER Leo. Victor Denis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Catherine Mary Wagemffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Leo. Victor Denis
(Address) 1917 Belmore ave.

15 Filed ..., 19... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/21/25 19

17 I HEREBY CERTIFY, That I attended deceased from 3/21/25, 19, to 3/21/25 19, that I last saw h[illegible] alive on 3/21/25, 19, and that death occurred, on the date stated above, at 12 45 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical evidence

(Signed) Thos. Jos. Ring, M. D.

, 19 (Address) 1 W. Mt. Royal,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 24 1925

20 UNDERTAKER: George J Smith — ADDRESS 1532 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96576

CERTIFICATE OF DEATH.

90

96576

D 96576

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 552 Gold ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Harold Anthony

(a) RESIDENCE NO. 552 Gold. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 9-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John T. Anthony

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Jennie B Cunningham

13 BIRTHPLACE OF MOTHER (city or town) Bedford (State or country) Va.

14 Informant John A. Anthony (Address) 552 Gold St.

15 Filed MAR 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17 I HEREBY CERTIFY, That I attended deceased from November 1- 1923 to March 20 1925, that I last saw him alive on March 19 1925, and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. 4 mos. 19 ds.

CONTRIBUTORY (Secondary) Typhoid fever

(duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? 2504 Rayner Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chester Paul physical signs

(Signed) Chester Paul M. D.

3-20, 19 25 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 3/23 1925

20 UNDERTAKER Wm Jas H. Dennis Asst. T. E. Nelson

ADDRESS 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96577

CERTIFICATE OF DEATH.

D 96577
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1376 N. Carey ST., 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hezekiah Pero

(a) RESIDENCE NO. 1376 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Sparrowspoint md

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Antigua B.C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Lillian Henson
(Address) 1376 N. Carey St

15 Filed MAR 22 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 20 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 3 - 15, 1925, to 3 - 20, 1925, that I last saw h[illegible] alive on 3 - 19, 1925, and that death occurred, on the date stated above, at 8,30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [signature], M. D.

, 19 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemtery

DATE OF BURIAL 3/23 1925

20 UNDERTAKER Mrs Jas. N. Dennis per. T. G. Kilcan

ADDRESS 1303 Presstman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96578

CERTIFICATE OF DEATH.

101-00465-78

76-8

REGISTERED NO. D 96578

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H.Cummins.

(a) RESIDENCE NO 1528 S.First St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a If married, widowed, or ~~XXXXXX~~ HUSBAND of ~~XXXXXX~~ Katherine Cummins.

6 DATE OF BIRTH (month, day, and year) December 3,1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	71	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Ammerican
(c) Name of employer Agricultural Chemical Co

9 BIRTHPLACE (city or town) (State or country) Baltimore,Md.

PARENTS

10 NAME OF FATHER Jacob Cummins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore,Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mrs.Emma Long.(daughter)
(Address) 1528 S.First St.

15 Filed ..., 192 ... Registrar

MAR 22 1925 [illegible] Public Health

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) .... yrs. .... mos 4 ds.

CONTRIBUTORY (Secondary) (duration) .... yrs. .... mos. .... ds.

(Signed) Otto M Reinhardt (Coroner), M. D.

March, 21, 1925 (Address) 101 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 3/23 1925

20 UNDERTAKER John G. Connelly — ADDRESS Essex

(Sec. 4, chap. 140, Laws of Maryland, 1898, as amended by chap. 123, Laws of 1904, chap. 123, Laws of 1908, and chap. 123, Laws of 1910, requires that a certificate of death shall be filed with the Registrar of Vital Statistics within five days after death occurs, and before any interment shall be made. See instructions on back of certificate.)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96579

CERTIFICATE OF DEATH.

V 902
154-D 96579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 N. CASTLE STREET ST., 7-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Edwin~~ Edwin HACKER

(a) RESIDENCE No. 1021 N. CASTLE STREET ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred ~~4~~ yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Mar.17-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant 00

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Martin Hacker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Hermina Sojik

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Martin Hacker
(Address) 1021 N. Castle St

15 Filed ....., 19 ..... PEARL B. KRAUTER, Registrar
MAR 23 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar.21.1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 19 25, to Mar. 21, 19 25, that I last saw him alive on Mar. 21, 19 25, and that death occurred, on the date stated above, at 11:45 P.m.

The CAUSE OF DEATH* was as follows: Congenital Heart Trouble

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William H. Powell, M. D.
, 19 (Address) 801 N. Kenwood Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill	Mar 23 1925

20 UNDERTAKER: Hunt & Crocker — ADDRESS: 1406 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002

D 96580

CERTIFICATE OF DEATH.

D 96580

1-PLACE OF DEATH Municipal Hospitals at Bay View — REGISTERED NO.

CITY OF BALTIMORE: (No. Bay View Hospital ST. Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Patterson

(a) RESIDENCE NO. 309 N. Exeter St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Eliza Holloway

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Bay View Hospital Records.
(Address)

15 Filed MAR 23 1925 Robert M. Krauth
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/20, 1925, to 3/20, 1925, that I last saw her alive on 3/20, 1925, and that death occurred, on the date stated above, at 3:20 p m.

The CAUSE OF DEATH* was as follows:

Peritonsilar abscess right tonsil

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilitation 5 min. duration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 3/21/25

Was there an autopsy? yes

What test confirmed diagnosis? Clinical, Pathology & Autopsy

(Signed) Arnold K Jensen, M. D.

3/21, 1925 (Address) Bay View Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar 24 1925

20 UNDERTAKER ADDRESS

Chas. F. Johnson & W. Caroline St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96581

CERTIFICATE OF DEATH.

12-4 90

D 96581

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Mercy Hospital. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Smith.

(a) RESIDENCE NO 2008 Guilford Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ---mos.--- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, WIFE of XXXXXXXXXX HUSBAND of XXXXXXXX Ethel E. Smith.

6 DATE OF BIRTH (month, day, and year) February 22, 1881.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	0	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) Pa. R. R. Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER Charles W. Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Mary Cook.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Ethel E. Smith. (wife)
(Address) 2003 Guilford Ave.

15 MAR 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

March, 23, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Newport Pa	Mar 24 1925
20 UNDERTAKER E. LeRoy Stiffler	ADDRESS 1202 North Ave

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

or Bonaccorsi

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96582

CERTIFICATE OF DEATH.

44

D 96582

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S High ST. 3-1 WARD)

2-FULL NAME Venere Bonaccorsi

(a) RESIDENCE NO. 225 S High ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Bonaccorsi

6 DATE OF BIRTH (month, day, and year) October 30 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	30	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Italy (State or country)

PARENTS

10 NAME OF FATHER Philip Caccola

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Sarafina Bruno

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant John Bonaccorsi (Address) 225 S Hugh

15 Filed MAR 23 1925 ROBERT R. KRAUTER, Deputy Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-18- , 1925 , to 3-18- , 1925.

that I last saw her alive on 3-18 , 1925 ,

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows: From history. Operated on at Hopkins. for Cancer?

(duration) yrs. 3 mos days ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. D'Amore M. D.

3-23 1925 (Address) 804 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 24 1925
20 UNDERTAKER	ADDRESS
Kindell Dysel & Son	378 Rm

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

96583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

6-1

REGISTERED No. D 96583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Durham ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine O Connor

(a) RESIDENCE NO. 9 N. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 18 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Rogers O Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Mary Streyeh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Rogers O Connor (Address) 9 N Durham

15 Filed MAR 23 1925 ROBERT R. KRAUTER, Registrar

Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 21, 19... to March 21, 19...

that I last saw her alive on 21st, 19 25,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows: Ac. Bronchitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Capillary Bronch

(duration) 2 yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) S.M. Rutherford M. D.

(Address) 419 Eastern Ave

, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	March 23 1925
20 UNDERTAKER	ADDRESS
Wendell Ruppel & Son	318 Mun

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of per... TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96584

CERTIFICATE OF DEATH.

D 96584

1-PLACE OF DEATH

City of BALTIMORE: (No. 702 W. 33 St. St., 13-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin P. Lindsey

(a) Residence No. 702 W. 33 St. St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or WIFE of) Mary E. Lindsey

6-DATE OF BIRTH (month, day and year)

7-AGE. 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Watchman

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Archibald Lindsey

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Ellen Joyce

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Mary E. Lindsey

(Address) 16 W. 33 St.

MAR 23 1925

[illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 20-25

17- I HEREBY CERTIFY, That I attended deceased from March 18 1925 to March 20 1925

that I last saw him alive on March 20 1925

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral compression

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? — Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

Mar 22. 1925 (Address) 8429 Chesterfield Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Mary's Hanfde DATE OF BURIAL. Mar 23 25

20-UNDERTAKER. A. B. Marshall ADDRESS 3539 Falls Road

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96585 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96585

D 96[redacted]

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. St., 12-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aubrey Sutton

(a) Residence No. 311 W. 27th St. City St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary A. Sutton

6-DATE OF BIRTH (month, day and year) April 9, 1866

7-AGE. 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Virginia (State or Country),

PARENTS:

10-NAME OF FATHER, John W. Sutton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Margaret Grantham

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) Charles Sutton

(Address) 2 Augusta ave

15- ROBERT R. KRAUTER, Register.

MAR 23 1925 Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1925 to March 22, 1925

that I last saw him alive on March 22, 1925

and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis and Myocarditis

(Duration) one yrs. 3 mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? D. K.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Egbert M. D.

March 23 1925 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: March 25 1925

20-UNDERTAKER: William G. Schaffer — ADDRESS: 1816 Monument St

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96586

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3910 Norfolk ave ST., 15-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F Mathaney

(a) RESIDENCE NO. 3910 Norfolk ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Sep yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda L. Mathaney

6 DATE OF BIRTH (month, day, and year) April 1 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Daniel Mathaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co Md

12 MAIDEN NAME OF MOTHER Louisa Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lawrence Roberts

(Address) 3910 Norfolk ave

15 Filed MAR 23 1925 ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 1924 to March 22 1925, that I last saw him alive on March 22 1925, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Infectious Arthritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W Rougrain M. D.

, 19 (Address) 2429 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem DATE OF BURIAL: Mch 24 1925

20 UNDERTAKER: John O. Mitchell ADDRESS: Govans Md

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 96537

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 96587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Le Verne L. Gunderson

(a) Residence No. Ixonia Wisconsin St., Ward 8 F. D. 2.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 17. 1908

7-AGE. 16 yrs. 10 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Wisconsin

PARENTS.

10-NAME OF FATHER, Gunders Gunderson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Wisconsin

12-MAIDEN NAME OF MOTHER, Ida Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Wisconsin

14-(Informant). Hospital Record

(Address).

15-Filed MAR 23 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1925 to March 22 1925 that I last saw h.er alive on March 22 1925 and that death occurred, on the date stated above, at 4.10 P.M.

The CAUSE OF DEATH* was as follows:

Brain tumor, Glioma, Malignant

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 13 1925

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Raymond F. Johnston, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Rock River Cem. Ixonia, Wisconsin — DATE OF BURIAL. 3/23 19 25

20-UNDERTAKER. Henry W. Myers & Son — ADDRESS 805 N. Calvert St.

instructions on back of certificates.

via Penn R.R. Mrs. Gunder Gunderson

Spec.—1-10-21—M&T—1500 Bks.

D 96588

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96588

CERTIFICATE OF DEATH.

164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Homewood Ave ST.) 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew J. Gibson

(a) RESIDENCE NO. 1023 Homewood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Gibson

6 DATE OF BIRTH (month, day, and year): June 29 1845

7 AGE — Years: 79 — Months: 8 — Days: 13 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Patrick Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Annie McCabe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Isabelle Gibson (Address) 1023 Homewood Ave

15 Filed MAR 23 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/21 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/27 1924 to 3/21 1925

that I last saw him alive on 3/20 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Wirth M. D.

3/23 1925 (Address) 914 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Mar 25 1925

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96589

CERTIFICATE OF DEATH.

21

D 96589

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Fort Hill Ave ST., 20 WARD)

2-FULL NAME Payton C. Babylon

(a) RESIDENCE No. 416 Fort Hill Ave ST., 20 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Nettie Babylon

6 DATE OF BIRTH (month, day and year) May 31, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Babylon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Grover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. David A. Jenkins
(Address) 416 Fort Hill Ave

15 Filed MAR 23 1925 ROBERT P. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to March 21, 1925, that I last saw h[illegible] alive on March 20, 1925, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) W. A. Reed, M. D.

3/24, 1925 (Address) Lonaconing.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethesda Church Cem	May 23 1925
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 96590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-081 D 96590

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 E. Gibbons Ave ST., 27 12 WARD)

2-FULL NAME Fritz Leuba

(a) RESIDENCE NO. 19 E. Gibbons Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 23-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Contracting
(b) General nature of industry, business, or establishment in which employed (or employer) Builder
(c) Name of employer

9 BIRTHPLACE (city or town) Butte
(State or country) Switzerland

PARENTS

10 NAME OF FATHER Daniel Leuba

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Switzerland

12 MAIDEN NAME OF MOTHER Marian Ducret

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Switzerland

14 Informant William Leuba
(Address) 42 E. Eutaw Ave

15 Filed MAR 23 1925 ROBERT R. KRAUTH, Registrar,
Chief Record Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Illuminating Gas Asphyxiation- Range burners not all afire-evidently careless while lighting same. (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Probable crippled heart (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Callen, M. D.
(Coroner.)

3-23-25 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Mar. 24 1925

20 UNDERTAKER Frederick Lassahn & Son — ADDRESS Fullerton, Md.

How if very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96591 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96591

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 628 W. Redwood St., 4-1 Ward)

Registered No. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rudolph Fowden

(a) Residence No. 628 W. Redwood St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/23/25

7-AGE, yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9-BIRTHPLACE (city or town) (State or Country), md

PARENTS.

10-NAME OF FATHER, John Fowden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Mary Davies

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Mary Fowden

(Address) 628 W. Redwood St.

15- Filed ——, 192 ROGER K. KRAUTER, Burial Permit Registrar.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/21/25

17- I HEREBY CERTIFY, That I attended deceased from 3/19/25, to 3/21/25

that I last saw him alive on 3/21/25

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 2 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? Clinical

3/21, 1925 (Signed) [illegible] M. D.

(Address) 908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery DATE OF BURIAL. March 23 1925

20-UNDERTAKER. Geo. H. Hooper ADDRESS 906 W. Conway St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96592

CERTIFICATE OF DEATH.

90 D 96592

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE; (No. 870-W Lexington St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Williams

(a) Residence No. 870 W Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, Years 45 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) 870

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Huggerstown Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Ella Burley

(Address) 819 W Lexington st

15- Filed MAR 23 1925 192 FOREST P. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3-19-25

17- I HEREBY CERTIFY, That I attended deceased from 3-19- 1925 to 3-21- 19 25

that I last saw h[illegible] alive on 3-19- 19 25

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

Chronic myocarditis

3 days (Duration) Indefinite mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. L. Jackson M. D

3/23, 1925 (Address) 80 W Pacalon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, 3-23 1925

20-UNDERTAKER, [illegible] ADDRESS [illegible] 406 W Conway st

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

96593

HEALTH DEPARTMENT—CITY OF BALTIMORE

12-001

D 96593

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence Ruff

(a) Residence No. 1454 Riverside Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 22, 1884

7-AGE. 40 yrs. 3 mos. 28 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer) Second hand Ship

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Md

12-MAIDEN NAME OF MOTHER, Eliz. O'Neill

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Md

11- (Informant) Mrs Catherine Ruff

(Address) 1454 Riverside Ave

Filed MAR 23 1925 ROBERT P. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 18, 1925 to March 20 1925

that I last saw him alive on March 20, 1925

and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic cirrhosis of liver, and pneumothorax

Nephritis

(Duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? D. K.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Gilbert. M. D.

(Address) St. Joseph's Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Cem DATE OF BURIAL. 3-25, 1925

20-UNDERTAKER. E. H. Hahn ADDRESS 1153 Hollins St

Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

96594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. D 96594

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Weldon Ave ST. 13 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Joseph Fogle

(a) RESIDENCE. No. 1332 Weldon ave ST. 13 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 3-20-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment with which employed (or employer) [illegible]

(c) Name of employer none

9 BIRTHPLACE (city or town) Balt City
(State or country)

PARENTS

10 NAME OF FATHER Guy W Fogle

11 BIRTHPLACE OF FATHER (city or town) Balt City
(State or country)

12 MAIDEN NAME OF MOTHER Bertie M. Bigley

13 BIRTHPLACE OF MOTHER (city or town) Balt City
(State or country)

14 Informant Guy W Fogle
(Address) 1332 Weldon Ave

15 Filed . 19 ROBERT R. KRAUTER, Registrar
MAR 23 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-21, 1925, to 3-22, 1925, that I last saw him alive on 3-22, 1925, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Valvular Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Stethoscopic

(Signed) 3701 Roland Ave M. D.

3-22, 1925 (Address) Balt md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	March 24 1925

20 UNDERTAKER Chenowith & Son Chestnut Ste

TION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

D 96595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 96595

1-PLACE OF DEATH Maryland.

CITY OF BALTIMORE: (No. ~~Baltimore~~ General Hospital ST., 3-4 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Raymond Hood

(a) RESIDENCE No. 3703 Hickory Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 36/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 7 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	33	1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Holmes Hood.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Hannia White

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Patient —
(Address)

15 Filed MAR 23 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1925, to March 22, 1925, that I last saw him alive on March 22, 1925 and that death occurred, on the date stated above, at 4:50 p m.

The CAUSE OF DEATH* was as follows:
Acute Gangrenous Appendicitis
Lung abscess
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lung abscess
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home
Did an operation precede death? yes Date of Feb 1925
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Geo A Tompkins M. D.
, 19 (Address) 10 E Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	March 24, 1925

20 UNDERTAKER Chenoweth & Son Chestnut pl

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Burial Permit Issued

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 96596 PLACE OF DEATH

24-001

REGISTERED No. C 96596

CITY OF BALTIMORE (No. 3634 Connecticut St. St.; 13-4 WARD)

If deceased died in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David A. Williams

(Residence in Baltimore: No. 3634 Connecticut St. St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: Jan 2nd, 1850 (Month) (Day) (Year)

7-AGE: 75 yrs. 2 mos. 20 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Stone-cutter
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired) 10

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul E. Chenowith

(Address) 3617 Chestnut Ave

MAR 23 1925

Filed ..... 191 ..... ROBERT R. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 22nd, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1925, to Mar 22 1925, that I saw h- alive on Mar 22, 1925, and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY): Arteri-sclerosis.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. A. Andrew Rund M. D.

Mar 23, 1925. (Address) 846 W 36 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Hampden | DATE OF BURIAL: March 24, 1925

20-UNDERTAKER: Chenowith & Son | ADDRESS: 3617 Chestnut ave

18 very important. See instructions on back of certificate. | PROPERTY OF THE STATE OF MARYLAND

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96597

CERTIFICATE OF DEATH.

74-001

Registered No. D 96597

1-PLACE OF DEATH

City of BALTIMORE: (No. 1637 E. Balto St St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Zimmerman

(a) Residence No. 1637 E. Balto St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Zimmerman

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 58 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS:

10-NAME OF FATHER, Abraham Hamburg

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jacob Zimmerman

(Address) 1637 E. Balto St

15-

Filed MAR 23 1925 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-22-25

17- I HEREBY CERTIFY, That I attended deceased from March 10 1925 to March 22 1925 that I last saw her alive on March 21 1925 and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds

CONTRIBUTORY (Secondary) Arterial Hypertension

(Duration) 2 yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) A. J. Abramson M. D.

3-22, 1925 (Address) 7 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Rodelph	3/23 1925
20-UNDERTAKER.	ADDRESS
Jack Levis	143 E Balto St

Instructions on back of certificates.

Spec. 1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96598

CERTIFICATE OF DEATH.

× 49 D 96598

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs J. W. Ward (married)

(a) RESIDENCE NO. Lutherville Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred "Since Illness" yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J Wesley Ward

6 DATE OF BIRTH (month, day, and year) Sept 23 71

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Dr Catlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sperry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) J Wesley Ward Lutherville Md.

Filed MAR 23 1925, 19 ROBERT R. KRE... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to March 22, 1925; that I last saw h.. alive on March 22-12 P.M., 1925, and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

"Carcinomatosis - metastasis - to Mesenteries - omentum Pancreas - and Kidney"

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Bunches Pneumonia

(duration) yrs. mos. 6-7 ds.

18 Where was disease contracted if not at place of death? Place of death university hospital

Did an operation precede death? Yes Date of Jan 26/25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Pleasantville Pa. — DATE OF BURIAL March 24 1925

20 UNDERTAKER W M Routson — ADDRESS 2258 N ...to

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 96599

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 37-001 D 96599

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1524 Holbrook ST., 9-7 WARD)

2-FULL NAME Margaret A. Payzinger

(a) RESIDENCE NO. Calvert Co Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/8/24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	—	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Martin Payzinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Blessing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Payzinger (Address) Owner Calvert Co Md

15 Filed MAR 23 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 19, 1925, to Mar 22, 1925

that I last saw h alive on Mar 22, 1925

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Primary) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) R. R. Campbell M.D.

(Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	3/ 1925
20 UNDERTAKER J. J. Staley & Sons	ADDRESS 1518 Pitcher St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

96600 HEALTH DEPARTMENT—CITY OF BALTIMORE 96600

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 W Lee — ST., 21-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Vansant

(a) RESIDENCE NO. 403. W. Lee — ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus L Vansant.

6 DATE OF BIRTH (month, day, and year) April 8. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Christian Getz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Milgram

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Augustus Vansant

(Address) 403 W. Lee St

MAR 23 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5 , 1925 , to Mar 19 , 1925 .

that I last saw her alive on Mar 19 , 1925 ,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Intestitis Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. Riley Young M. D.

Mar 20 1925 (Address) 709 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Mar. 23 1925

20 UNDERTAKER H. Hickner's Son

ADDRESS 1424 Hte

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96601 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96601

CERTIFICATE OF DEATH. 57

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. Mercy Hospital Ward)

2-FULL NAME. Fred H. Brouse

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1810 Brunt St Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brouse

6-DATE OF BIRTH (month, day and year) Apr 23-1859

7-AGE. 65 yrs. 10 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Baker

(b) General nature of industry, business, or establishment in which employed (or employer). Retired 3 yrs.

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Pittsburgh Pa.

PARENTS.

10-NAME OF FATHER. Geo. Brouse

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Pa

14- (Informant) Hawley T. Brouse

(Address) 1810 Brunt St.

15- Filing MAR 23 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/20/25

17- I HEREBY CERTIFY, That I attended deceased from 3/11/25, 19 to 3/20/25, 19, that I last saw h[illegible]live on 3/20/25, 19, and that death occurred, on the date stated above, at 11:15 P. M.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate
Diabetes

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Institution

Did an operation precede death? Yes Date of 3/17/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Holley M. D.

, 19 (Address) Mercy Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cem. DATE OF BURIAL. Mar 24 1925

20-UNDERTAKER. Wm J Ticknor Sons ADDRESS N. Y Pa.

INSTRUCTIONS ON BACK OF CERTIFICATE.

D 96602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. 96602

1-PLACE OF DEATH

City of BALTIMORE: (No. 3005 Westwood Ave Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Spartan Owens

(Residence in Baltimore: No. 3005 Westwood Ave St.; 15 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Married

6-DATE OF BIRTH. Dec. (Month) 31 (Day) 1851 (Year)

7-AGE. 73 yrs. 2 mos. 22 ds. If LESS than 1 day, ..hrs. or.. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton
(b) General nature of industry, business, or establishment in which employed (or employer): Priest of Peace Church

9-BIRTHPLACE. (State or Country). Md.

PARENTS

10-NAME OF FATHER. Peter Owens.

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Cassie R. Owens

(Address) 3005 Westwood Ave.

15- MAR 23 1925 ROBERT R. KRAUSER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Mar. (Month) 22 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. J. T. Hennessy M. D. (Coroner)

March 24 1925 (Address) 201 Courtland Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cem. DATE OF BURIAL. Mar. 23 1925

20-UNDERTAKER. Wm J Ecknedons ADDRESS North Pa

Cor.—1-12-23—M&T—100 Bks.

D 96603 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 96603

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Wilkens Ave ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Blank

(a) RESIDENCE No 1609 Wilkens Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Blank.

6 DATE OF BIRTH (month, day, and year) Apr. 8, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Penna. R.R.
(c) Name of employer Retired 4 yrs.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Louis Blank (Address) 8 Wilson Heights ave.

15 MAR 23 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) at once yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. P. Norton M. D.
(Coroner.)

Mch 22nd 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	Mar 23 1925
20 UNDERTAKER W. J. Pickner & Sons	ADDRESS North Pa

Read carefully and follow instructions on back of certificate. Every statement of OCCUPA-

Cor.—1-12-23—M&T—100 Bks.

D 96604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96604

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris May Hanna

(a) RESIDENCE NO. 8 Eutaw St. Sparrows Point ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) March 20-25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3 hrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sparrows Pt. Md

PARENTS

10 NAME OF FATHER Arthur Hanna

11 BIRTHPLACE OF FATHER (city or town) & (State or country) Sparrows Point

12 MAIDEN NAME OF MOTHER Hanna V. Bossam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Arthur Hanna
(Address) 8 Eutaw st Sparrows Point

15 Filed ...., 192 ROBERT P. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (7 mons Gestation)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J S N Poller M. D.
(Coroner.)

3-23-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Mar 23 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Lig 1494

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96605

CERTIFICATE OF DEATH.

40 D 96605

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 521 E 22nd St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Capper Smith

(a) Residence No. 521 E 22nd St., Ward Augusta

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Nena Smith

6-DATE OF BIRTH (month, day and year) Dec 18 1874

7-AGE. 50 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER Peter B Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Kate Capper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

14-

(Informant) Nena M Smith

(Address) 521 E 22 St

15-

MAR 23 1925 ROBERT P. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/21/25

17- I HEREBY CERTIFY, That I attended deceased from 3/17/25 to 3/21/25

that I last saw him alive on 3/21/25

and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? S S & Symptoms

(Signed) Thomas F Mark M. D

, 19 (Address) 45 E. E. 22nd St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park DATE OF BURIAL March 24 1925

20-UNDERTAKER E A Wedefeldt ADDRESS 501 E 22

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96606

CERTIFICATE OF DEATH.

D 96606

REGISTERED NO. 16-549

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Woodley. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Germuth

(a) RESIDENCE NO. 814 Woodley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ferdinand J. H. Germuth.

6 DATE OF BIRTH (month, day, and year) May-9-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. house-wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Louis Schlichenmaier

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Lains

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Germany.

14 Informant Ferdinand J. H. Germuth
(Address) 814 Woodley St.

15 Filed ..... 19 ..... AUGUST R. KRAUTER, Registrar
~~Burial Permit Clerk.~~

MAR 23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17

I HEREBY CERTIFY, That I attended deceased from January 31, 1925, to March 22, 1925, that I last saw her alive on March 21, 1925, and that death occurred, on the date stated above, at 8:10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 9-26-1924.

Was there an autopsy? no

What test confirmed diagnosis? Operative findings.

(Signed) Chester Riland, M. D.

3-23 1925 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Western DATE OF BURIAL MAR 25 1925 19

20 UNDERTAKER Geo W Lillis ADDRESS 2700 EDMONDSON AVE.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96607

CERTIFICATE OF DEATH.

D 96607

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1416 Argyle St.: 14-1 WARD)

REGISTERED No. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Ruth Ray

(a) RESIDENCE. No. 1416 Argyle St., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of S

6 DATE OF BIRTH (month, day, and year) July 3, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER James Henry Ray

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Elizabeth Hunter

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14
Informant Katherine E. Ray
(Address) 1416 Argyle Ave

15
Filed ..... 19 ..... Registrar

MAR 23 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 19 25

17
I HEREBY CERTIFY, That I attended deceased from March 15, 19 25, to March 21, 19 25,
that I last saw h alive on March 21, 19 25,
and that death occurred, on the date stated above, at 4 p. m.
The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) , M. D.

March 23, 19 25 (Address) 1209 Druid Park Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	March 23-1925
20 UNDERTAKER	**ADDRESS**
John H Toddrin	1027 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96608 ✓ D 96608

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

City of BALTIMORE: (No. 634 E. 36 th St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mildred Wilkinson

(a) Residence No. 634 E. 36 th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 3 mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec. 18, 1906

7-AGE, 18 yrs. 3 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Butler & Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER Alexander Wilkinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Margaret Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14-

(Informant Alex. Wilkinson

(Address) 634 E. 36 th St

15-

FILED MAR 23 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 22 1925

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to May 22, 1925, that I last saw h[illegible] alive on March 21, 1925, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH* was as follows:

Intercular cerebral Hemorrhage

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) C. H. Hawkins M. D.

3/23, 1925 (Address) 1 Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL, March 25 1925

20-UNDERTAKER, Margaret D. Flynn ADDRESS 1422 Light St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96609

CERTIFICATE OF DEATH.

D 96609

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 7-1 WARD)

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. House

(a) RESIDENCE NO. 946 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Hall

6 DATE OF BIRTH (month, day, and year) Jan 5-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo. W. House

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabety Peregoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Geo. E. House (Address) Pittsburg Pa

15 Filed MAR 23 1925 192 ROBERT R. KRAUTER Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22-25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixation & Bichloride Mercury Poisoning (Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Ballen M. D. (Coroner.)

3-22-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL Mch 23 192 5

20 UNDERTAKER Furkler & Furkler ADDRESS 1739 Eager

(See instructions on back of certificate.)

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96610

CERTIFICATE OF DEATH.

D 96610

1-PLACE OF DEATH Municipal Tuberculosis Hosp. 3 Registered No.....

City of BALTIMORE: (No. Bay View St., 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louise Hamilton

(a) Residence No. 3509 Dillon St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Hamilton

6-DATE OF BIRTH (month, day and year) Aug 28, 1891

7-AGE. 33 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), md

PARENTS.

10-NAME OF FATHER, John Buckner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Margaret Ehrlich

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

11- (Informant) Hosp. Records

(Address) M.T.H.

15- Filed MAR 23 1925, 192 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 21st 1925

17- I HEREBY CERTIFY, That I attended deceased from March 6 1925 to Mar 21 1925

that I last saw h.r alive on March 21 19 25

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) one year mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted ? If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. & Cal findings.

(Signed) J. F. Wheeler M. D.

3/21 1925 (Address) Bay View Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel — DATE OF BURIAL. Mch 24. 1925

20-UNDERTAKER. Zurkler & Zurkler — ADDRESS 1739 Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96611

CERTIFICATE OF DEATH.

100 D 96611

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 E. Madison ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carmella Lamanna

(a) RESIDENCE. No. 1221 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a ~~Married, Widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Ogostino Lamanna

6 DATE OF BIRTH (month, day, and year) Dec 16, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Giovanni Russo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Antoinette Cerase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Ogostino Lamanna 1221 E. madison St

15 Filed Aug. 3 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23 19 25

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 19 25, to Mar 23, 19 25

that I last saw h[illegible] alive on Mar 22, 19 25

and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Stefano M. D.

Mar 23, 1925 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Mch 25 1925
20 UNDERTAKER	ADDRESS
Jurkler & Jurkler	1739 Eager

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 96612

CERTIFICATE OF DEATH.

6-4 D 96612

1-PLACE OF DEATH

City of BALTIMORE: (No. 2019 E. Fayette St., 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Schwinger

(a) Residence No. 2019 E. Fayette St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret C. Schwinger

6-DATE OF BIRTH (month, day and year) Aug. 23, 1872

7-AGE. 52 yrs. 6 mos. 27 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. carpenter Foreman

(b) General nature of industry, business, or establishment in which employed (or employer). C. J. Gallagher Co.

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Schwinger

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Burke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

11- (Informant) Margaret C. Schwinger

(Address) 2019 E. Fayette

15- Filed ..... 192?

ROBERT A. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1924 to March 22 1925

that I last saw him alive on March 22 1925

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Operated on in October 11-1924 for Hydrocele & Carcinoma of Testicle - Glands of Retro Peritoneal Tissues Body - Metastatic Carcinomatosis.

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency.

(Duration) yrs. 1 mo. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of see above.

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic Exam.

(Signed) Louis F. Krumeich M. D.

19 (Address) 722 North Kenwood ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet — DATE OF BURIAL. March 26, 1925

20-UNDERTAKER. Gerteler & Gerteler — ADDRESS 1737 Eager

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96613

CERTIFICATE OF DEATH.

37 D 96613

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2021 W. Baltimore Street St., 20 - 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... William J. Barrett

(a) Residence No..... 2021 W. Baltimore Street St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Aiken Barrett

6-DATE OF BIRTH (month, day and year) Oct. 2nd, 1872

7-AGE,	If LESS than 1 day,
52 yrs. 5 mos. 19 ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Arrett

11-BIRTHPLACE OF FATHER (city or town)... London
(State or Country), England

12-MAIDEN NAME OF MOTHER, Catherine Carrol

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country), Ireland

14- (Informant) William J. Barrett Jr.
(Address) 2021 W. Baltimore St.

15- Filed MAR 23 1925, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from February 20, 1925, to March 21, 1925, That I last saw h.. alive on March 20, 19.., and that death occurred, on the date stated above, at 10.40 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) By [illegible] M. D.

3-23, 1925 (Address) 400 N. Payson Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Calvary Cem	March 24, 1925
20-UNDERTAKER.	ADDRESS
Joseph B. Cook	103 N. Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

Theban

96614

HEALTH DEPARTMENT—CITY OF BALTIMORE

96614

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hemingway Hospital & Bay View REGISTERED NO. 49

CITY OF BALTIMORE: (No. Bay View Hospital St., 76-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willard Theban

(a) RESIDENCE No. Bay View asylum St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant Bay View Hospital Records
(Address)

15 Filed ....., 19 .... Registrar

MAR 23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/21, 1925, to 3/20, 1925.

that I last saw him alive on 3/20, 1925

and that death occurred, on the date stated above, at 11:45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head

Pancreas with obstruction

to bile duct.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical + Autopsy

(Signed) Arnold R Jensen M. D.

3/20, 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Green Mount Cem. Mch. 23 1925

20 UNDERTAKER — ADDRESS

Mrs Albert E. Fuller 4806 Harford Rd.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96615

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96615

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Home for Friendless 22nd

CITY OF BALTIMORE: (No. ST.: 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Boyd

(a) RESIDENCE. No. 1546 Gorsuch Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Boyd

6 DATE OF BIRTH (month, day, and year) 6/18/1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Rundell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Scebrugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Boyd

Address 1546 Gorsuch Ave

15 Filed MAR 23 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20th, 1925, to March 21st, 1925, that I last saw her alive on March 21st, 1925, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sign & Symptoms

(Signed) J. A. Chatard, M. D.

March 21, 1925 (Address) 1300 E. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	3/24 1925

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Read the instructions on back of certificates. Every question must be answered. See instructions on back.

Spec.—1-12-23—M&T—500 Bks.

D 96616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96616

154-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Knorr

(a) RESIDENCE NO. 1836 Wilhelm St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21-1925

7 AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or 10 min.
Infant				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Balto

PARENTS

10 NAME OF FATHER Albert Knorr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Albert Knorr.
(Address) 1836 Wilhelm St.

15 Filed MAR 23 1925 19 [illegible] L. MAUTE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/21, 1925, to 3/21, 1925, that I last saw her alive on 3-21-, 1925, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure
(Contributory)

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Examination

(Signed) James L. Kemp M. D.

3/23, 1925 (Address) 1729 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL Mar 23, 1925

20 UNDERTAKER John J. Galloway & Son Per J. J. Galloway

ADDRESS 90 Holliday St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96617

CERTIFICATE OF DEATH.

101-061

D 96617
REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Chester ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes T. Cahill.

(a) RESIDENCE No. 509 S. Chester ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John Jos. Cahill.

6 DATE OF BIRTH (month, day, and year) Jan. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael McLynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Annie Lorretta Cahill
(Address) 509 S. Chester.

15 Filed MAR 23 1925, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to March 21, 1925, that I last saw h alive on March 21, 1925 and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Pneumobacillus

(Signed) Harold Straker, M. D.

, 19 (Address) 825 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	March 24 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

HOW IS VERY important. See INSTRUCTIONS ON BACK OF certificates.

Spec.—1-10-21—M&T—1500 Bks.

Jamie Wilson

D 96618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 96618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Woodward ST. 21-5 WARD) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Wilson
Jamie

(a) RESIDENCE No. 811 Woodward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	Wht	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. J. Taylor Wilson

6 DATE OF BIRTH (month, day, and year) Jan 3-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	67	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Cambridge Md

PARENTS

10 NAME OF FATHER John Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Wilson
(Address) [illegible]

15 Filed MAR 28 1925, 19 ... ROBERT R. KRAUER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-1 1925 to 3-20 1925.

that I last saw h... alive on 3-20 1925,

and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary TB

(duration) 2 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Davis M. D.

, 19 (Address) 727 Mount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	3/24 1925
20 UNDERTAKER	ADDRESS
William Polk	582 E Monument

Spmr. 6-9-19—H. P. Co.—1000 Blks.

D 96619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001

REGISTERED NO. D 96619

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 S. Sharp St (St.) 27-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Talbott

(a) RESIDENCE. No. 710 S. Sharp Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Talbott

6 DATE OF BIRTH (month, day, and year) Dec 7-43

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Church

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Sam'l Talbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann R. Hardesty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Eliza E Pryor

(Address) 710 S Sharp St

15 Filed ... 19 ... ROBERT R. KRAMER, Registrar

MAR 23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to March 20, 1925, that I last saw h— alive on March 20, 1925 and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows: Paralysis Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Osteosarcoma

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Thorner, M. D.

, 19 25 (Address) 710 S Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mch 24 1925
20 UNDERTAKER	ADDRESS
Sam'l W Rosetter	1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

D 96620

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96620

CERTIFICATE OF DEATH.

5-1 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Low ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Scott

(a) RESIDENCE NO. 1018 Low ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Scott

6 DATE OF BIRTH (month, day, and year) 10-9-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	47	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

PARENTS

10 NAME OF FATHER Joseph Hood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lizzie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles Scott (Husband)

(Address) 1018 Low

15 Filed 3-23-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to Mar. 21, 1925, that I last saw her alive on Mar. 21, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam - Urine.

(Signed) W. S. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury DATE OF BURIAL 3/23/25

20 UNDERTAKER R. B. Grant ADDRESS 1405 McElderry St

Note—Very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96621 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2314 Boston Street St., 1-1 101-09 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrzej . Protasiewicz

(a) Residence No. 2314 Boston Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of ~~WIFE~~ Josephine . Protasiewicz

6-DATE OF BIRTH (month, day and year): Nov. 30 1890

7-AGE: 34 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Casimier . Protasiewicz

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14- (Informant) Mrs. Josephine . Protasiewicz

(Address) 2314 Boston Street

15- Filed 23 1925 192 Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3/21/25

17- I HEREBY CERTIFY, That I attended deceased from March 20 1925 to March 21 1925 that I last saw him alive on March 21 1925, and that death occurred, on the date stated above, at 9.55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Mayer M. D.

(Address) 809 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: March 24 1925

20-UNDERTAKER: John McWeber ADDRESS 1803 Bank St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96622

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96622

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 London Ave. ST.: 20-47 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Scott Cole.

(a) RESIDENCE. NO. 410 London Ave. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Cole.

6 DATE OF BIRTH (month, day, and year) June 26 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) — None

(c) Name of employer — None

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Job Scott

11 BIRTHPLACE OF FATHER (city or town) Cecil Co (State or country) Md

12 MAIDEN NAME OF MOTHER Mary H. Kelly.

13 BIRTHPLACE OF MOTHER (city or town) Caroline Co (State or country) Md.

14 Informant Mrs Edith Lloyd Nicholson

(Address) 2405 Talbot Co.

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

3-1925

Dunlap Triple Check

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17 I HEREBY CERTIFY, That I attended deceased from March ..... 1924, to March 22 ..... 1925, that I last saw her alive on March 21 ..... 1925, and that death occurred, on the date stated above, at 4:40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

General Carcinomatosis

(duration) yrs. 15 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? Yes. Date of May 22, 1924

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Micro Finding

(Signed) Louis L. Wessig, M. D.

19 (Address) 4009 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	March 24 1925
20 UNDERTAKER	ADDRESS
Stewart & Mowen Co	108 N Paca St

W. F. Brodie (Engr.)

Spec.—1-10-21—M&T—1500 Bks.

D 96623

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Calverton Hts ST., 16-24-5 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Hammersley

(a) RESIDENCE No. 2428 Calverton Hts ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gonzale Keller

6 DATE OF BIRTH (month, day, and year) Mar 28,1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER David L Hammersley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charleston, N.C.

12 MAIDEN NAME OF MOTHER Elizabeth Boden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mrs. J.H. Bell

(Address) 328 N Fulton Ave

Filed MAR 23 1925, 19

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1925, to Mar 22, 1925, that I last saw him alive on March 22, 1925, and that death occurred, on the date stated above, at 4P-M. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan, M. D.

, 19 (Address) Edward V. Coolahan, M.D. 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Mount Lemity

DATE OF BURIAL March 24, 19 25

20 UNDERTAKER Stewart & Mowen Co

ADDRESS 108 N North Ave

Wm. T. Worden Supervisor

Cor.—1-12-23—M&T—100 Bks.

D 96624

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH On the street at

CITY OF BALTIMORE: (No. Lexington & Liberty Sts. ST. 12-1 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Frederick McKay.

(a) RESIDENCE No. Greenway Apartments. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., If of foreign birth? 63 yrs. 5 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of Alice Watterson McKay.

6 DATE OF BIRTH (month, day, and year) September 27 1861.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Secretary 086
(b) General nature of industry, business, or establishment in which employed (or employer) W.B.& A.E.R.R.Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cleveland Ohio.

PARENTS

10 NAME OF FATHER John Thos.Robt.McKay.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Toronto, Canida.

12 MAIDEN NAME OF MOTHER Melissa Black.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Saltsburg, Pa.

14 Informant Alice Watterson McKay. (wife)
(Address) Greenway Apartments.

15 Filed 3-23 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clark.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

March 28, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cleveland Ohio

DATE OF BURIAL March 23 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 96625

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96625

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH Maryland Gen. Hosp

CITY OF BALTIMORE: (No. Fulton Ave ST. 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gaither

(a) RESIDENCE NO. 2732 Oak St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C.
(State or country)

PARENTS

10 NAME OF FATHER Edward Gaither

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Geo. M. Gaither
(Address) Huntington Tennessee

15 MAR 23 1925 : 19 Mark P. HARRISON,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 20, 1925, to Mar. 23, 1925, that I last saw h[illegible] alive on Mar. 23, 1925, and that death occurred, on the date stated above, at 3:20 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Mch 25 1925

20 UNDERTAKER John O. Mitchell ADDRESS 12 W. Fayette St

This is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

D 96626

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1839 W Lexington St. (Ward) 20 - 5

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Woodward

(a) RESIDENCE No. 1839 W Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced, (write the word)~~
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret E. Woodward

6 DATE OF BIRTH (month, day, and year) Oct 17 1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Millersville A A Co Md

PARENTS

10 NAME OF FATHER: Sigmund D. Woodward

11 BIRTHPLACE OF FATHER (city or town) (State or country): A A Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Hendley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mr Henry Woodward Jr. (Address) 1839 W. Lexington ave

15 MAR 13 1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Mch 15 1925 to Mch 22 1925

that I last saw him alive on Mch 22 1925

and that death occurred, on the date stated above, at 8 40 A m.

The CAUSE OF DEATH* was as follows:

Influenza + Bronchitis

(duration) 1 yrs. 7 mos 7 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Maltland Shook, M. D.

(Address) 804 N Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 NAME OF CEMETERY OR PLACE OF REMOVAL: Millersville A A Co Md — DATE OF BURIAL: Mch 24 1925

20 UNDERTAKER: Soldiers Home — ADDRESS

John O. Mitchell 120 W Fayette St

Sec. 3 of Act of 1908 requires that all questions on back of certificates be answered if possible. See instructions on back of certificates. Items 1 to 15 are very important.

Form—12-23-21—E.B.P.S.—400 Blks.

(Damico)

D 96627

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96627

CERTIFICATE OF DEATH.

240

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Christine Domico

(a) Residence No. 617 S. Bond St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE.	If LESS than 1 day.
27 yrs. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic Duties

(c) Name of employer Home

9-BIRTHPLACE (city or town) (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Martin Sypniewski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Catherine Mleczkiewicz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) Mr Charles Domico

(Address) 617 S. Bond Street

15- Filed 2 3 1925 Robert P. Harrison, Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 23, 1925

17. I HEREBY CERTIFY, That I attended deceased from March 16 1925 to March 23, 1925

that I last saw h alive on March 23 1925

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Pelvic Peritonitis,

Pelvic Inflammatory Disease

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis Suspicious

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) B. Mc Rodes M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Rosary	March 26 1925

20-UNDERTAKER.	ADDRESS
John McDevitt	1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

D 96628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 96628

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4114 Eastern Ave, ST. 76-7 WARD)

2-FULL NAME Timothy Leo. Feehley

(a) RESIDENCE No. 4114 Eastern Ave, ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Feehley.

6 DATE OF BIRTH (month, day, and year): May 22 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Policeman. 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: William Feehley.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Dockerty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Frances Feehley (Wife) 4114 Eastern Ave.

15 Filed 3 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10th, 1925, to March 21, 1925, that I last saw him alive on March 20, 1925, and that death occurred, on the date stated above, at 10.10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary): Dilated heart

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Jno. J. McAvoy, M. D.

3/22, 1925 (Address) 839 O. Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Mch. 24 1925
20 UNDERTAKER: Lilly & Julen 403	ADDRESS: S. Wolfe St.

FILL IN ALL ITEMS. Information is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

[redacted] 96629 D 96629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 114

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO. 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST., ... WARD)

2-FULL NAME David Hawkins

(a) RESIDENCE NO. Gatliff Ky ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Betty Hawkins

6 DATE OF BIRTH (month, day, and year): ? 1876

7 AGE — Years: 50 — Months: ? — Days: ? — If LESS than 1 day, hrs. or min.: .

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ky

PARENTS

10 NAME OF FATHER: John Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Ky

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? "

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 23 1925 Robert P. Harrison, Registrar

Daniel Parrish Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 22 19 25

17

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1925, to Mar. 22, 19 25

that I last saw him alive on Mar 22, 19 25,

and that death occurred, on the date stated above, at 2 [illegible] p.m.

The CAUSE OF DEATH* was as follows:

Ulcerated Colitis

Second. Anemia

Ileocolostomy

Hypostatic Pneumonia (duration) 2 days yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? J. H. H.

Did an operation precede death? Yes Date of January

Was there an autopsy?

What test confirmed diagnosis? Inoculation of Guinea Pig

(Signed) W. Sheldon Clark, M. D.

, 19 (Address) Johns Hopkins H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Williamsburg Ky — DATE OF BURIAL: 3/23/25

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 224 Bway

INSTRUCTIONS on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96630

CERTIFICATE OF DEATH.

49 D 96630

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1125 Eutaw ST.: 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Winn

(a) RESIDENCE. No. 1125 Eutaw ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Winn

6 DATE OF BIRTH (month, day, and year) July 26 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler 886

(b) General nature of industry, business, or establishment in which employed (or employer) Industrial Alcy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patrick Winn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ella Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Margaret Winn
(Address) 1125 Eutaw

15 Filed 3 23 1925 19 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 . 1924 . to March 22 . 1925 .
that I last saw him alive on March 22 . 1925 .
and that death occurred, on the date stated above, at 6 00 m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Prostate Gland

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Purdon . M. D.

3/23 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	3/26 1925

20 UNDERTAKER Chas F. Evans & Son ADDRESS 1180 Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96631

CERTIFICATE OF DEATH.

D 96631

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 2881-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Dunn

(a) RESIDENCE No. Mt Hope Retreat ST., 28th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of Mr Dunn

6 DATE OF BIRTH (month, day, and year) Oct 21- 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	46	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md -

PARENTS

10 NAME OF FATHER Patrick Riley

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Porter

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland -

14 Informant Records of Mt Hope Retreat (Address) Mt Hope & Balto Md

15 Filed 2/3 1925, 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 23rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 pst, 1925, to Mch 23, 1925, that I last saw her alive on Mch 22nd, 1925, and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Depression Psychosis

(duration) 1 yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Mch 23 1925 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery — DATE OF BURIAL 3/26 1925

20 UNDERTAKER Chas P. Evans & Son — ADDRESS 1140 N. Charles Ave

D 96631

SEE BACK OF CERTIFICATE.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96632

CERTIFICATE OF DEATH.

D 96632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 Rasbe Ave St. 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Neuenhahn

(a) RESIDENCE No. 107 Chestnut Ave. Overlea, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Legally Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emilia Neuenhahn

6 DATE OF BIRTH (month, day, and year) Oct. 16, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Victor Neuenhahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Florence Agnes Harding
(Address) 19 Rasbe ave

15 Filed ..... 192 ..... Robert P. Harrison, Registrar

3 1925

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. L. Patterson, M. D. (Coroner.)

Mar 22, 1925. (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Mar 24 1925

20 UNDERTAKER Mr. & Mrs. John N. Tempel & Son — ADDRESS 801 N. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96633

D 96633

CERTIFICATE OF DEATH.

REGISTERED NO. 128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Hunter St ST., 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susanda Jenkins

(a) RESIDENCE No. 2309 Hunter St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(h) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Albert Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Florence Taylor
(Address) 2309 Hunter Street

15 Filed ..... 19 .....
2-3 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to March 20, 1925, that I last saw her alive on March 20, 1925, and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis + Pulmonary Edema

(duration) yrs. 3 mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis (duration) yrs. 3 mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Lee F Hall, M. D.

19 (Address) 2626 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	3/24 1925

20 UNDERTAKER John H. Toadvine ADDRESS 102 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

(Roeder)

D 96634

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

D 96634

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1302 Lindsay ave St., 11 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma C. Roeder

(a) Residence No. 1302 Lindsay ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-~~Single, Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F Roeder

6-DATE OF BIRTH (month, day and year) May 28-1862

7-AGE. 62 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS

10-NAME OF FATHER, Thomas Cooper

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Louise Falk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Mrs Laura Holland

(Address) 1302 Lindsay Ave

15-

Filed 23 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-23-25

N- I HEREBY CERTIFY, That I attended deceased from Oct 20 1925 to Dec 23 1925 that I last saw h-- alive on Dec 23 1925 and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonitis, and

Cerebral Hemorrhage

(Over)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy Dr J Shear

(Signed) D. Lebutont M. D

12-23-1925 (Address) 211 N Lanvale St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Dec 26 1925
20-UNDERTAKER.	ADDRESS.
Latrobe & Son	1723 W Lafayette Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96635

CERTIFICATE OF DEATH. 1X 101-001

D 96635

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital) (WARD) V-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Benseman

(a) RESIDENCE NO. Parkville, Md' ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Benseman

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	55	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Henry Benseman

(Address) Parkville Md.

15 Filed 3 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22 1925

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to March 22, 1925, that I last saw her alive on March 22, 1925, and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Parkville, Md.

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) C. W. Bacon, M. D.

3/23 19 (Address) Parkville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hookerville Lutheran Cem	Mch 25 1925
20 UNDERTAKER E LeRoy Stiffler	ADDRESS 125 Roth Ave

Spec.—1-12-23—M&T—500 Bks.

D 96636

HEALTH DEPARTMENT—CITY OF BALTIMORE

124 D 96636

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 18 St., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Krauskar

(a) RESIDENCE No. 57 N. Carrollton Ave., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John Krauskar

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Jos Reibel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Eliz. Reibel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Elizabeth Krauskar

(Address) 57 N Carrollton Ave

15 Filed 23 1925, 19 Robert L. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 14, 1925, to Mar 22, 1925, that I last saw her alive on Mar 22, 1925, and that death occurred, on the date stated above, at 4.10A m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis

~~Cardiac Failure~~

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Embolism - post operative pulmonary

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Mar 17/25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Newman B Freedman, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a.c.w.

DATE OF BURIAL 3/26 19 25

20 UNDERTAKER Wm Leo Carroll & Son

ADDRESS 6 North

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96637

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96637

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

City of BALTIMORE: (No. 3617 Old York Road 9-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William D. Burnham

(a) Residence No. 3617 Old York Road St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie K

6-DATE OF BIRTH (month, day and year) July 24 1863

7-AGE. 51 yrs. 8 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Gen'l Foreman 29

(b) General nature of industry, business, or establishment in which employed (or employer). Electric Dpt

(c) Name of employer. B. O. R.R. Co.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. George Burnham

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Virginia DeVries

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant). Annie K. Burnham

(Address). 3617 Old York Rd

15- Filed, 192 Robert F. Harrison, Registrar.

23 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-22-25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1925 to Mar. 22, 1925 that I last saw h[illegible] alive on Mar. 22, 1925 and that death occurred, on the date stated above, at 9.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar T. Sandrock M. D.

, 19 (Address) 15 W. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pastwood

DATE OF BURIAL. 3/26 19 25

20-UNDERTAKER. William Cook

ADDRESS 502 E. North

Spec—12-23-21—E.B.R.S.—400 Eas. (1625 Wakeley Place)

D 96538 HEALTH DEPARTMENT—CITY OF BALTIMORE b 96638

CERTIFICATE OF DEATH. 101

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 8-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ayers

(a) Residence No. 1625 Hickley Pl St, Ward,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed, or Divorced~~ (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or) WIFE of~~ Telana

6-DATE OF BIRTH (month, day and year) Dec 15, 1862

7-AGE 62 yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Caroline County (State or Country), Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) unknown

14- (Informant) Telana Ayers

(Address) 1625 Hickley St

15- Filed 23 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 15 1925 to March 23 1925 that I last saw h~~im~~ alive on March 23 1925 and that death occurred, on the date stated above, at 5 45 A. m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? St. Le

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Sybert M. D

Mar 23 1925 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	3/25 19
20-UNDERTAKER.	ADDRESS
Wm. Leo Wolf	1126 Mont Ave

Spec.—1-10-21—M&T—1500 Bks.

3928 Park Heights Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96539

CERTIFICATE OF DEATH.

23 5 3

D 96639

1-PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4511 Park Heights Ave ST., 45 WARD)

2-FULL NAME John W. Wales

(a) RESIDENCE NO. 4511 Park Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
male	white	widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or WIFE of) Mary Ellen Wales

6 DATE OF BIRTH (month, day, and year) Oct 1, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) self

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Geo. T. Wales

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Charles Wales Beaumont, Va

15 Filed 3/23 1925 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch. 18, 1925, to Mch. 23, 1925

that I last saw him alive on Mch. 23, 1925

and that death occurred, on the date stated above, at 11:55 A.M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Erysipelas (duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Johnson, M. D.

3/23 1925 (Address) 3928 Park Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Md

DATE OF BURIAL 3/24 1925

20 UNDERTAKER Wm. Leo

ADDRESS 1507 E. Lanvale St

D 96640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96640

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 S. Fremont ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isah Caldwell

(Residence in Baltimore: No. 917 S Fremont ave St; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. May 21 1897
(Month) (Day) (Year)

7-AGE. 27 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). S C

PARENTS.

10-NAME OF FATHER. Calvin Caldwell

11-BIRTHPLACE OF FATHER, (State or Country). S C

12-MAIDEN NAME OF MOTHER. Julia Anderson

13-BIRTHPLACE OF MOTHER, (State or Country). S C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie White

(Address) 717 S Fremont Ave

15-

FILED MAR 24 1925 ROWELL R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 21 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said ~~Inquest, au~~ ~~topsy or~~ Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral apoplexy

a few hrs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. K. Jones M. D.
(Coroner)

3-23 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hartsburg S C — DATE OF BURIAL. Mch 24 1925

20-UNDERTAKER. V. H. Brauns & Son — ADDRESS 108 N Monte

B & O R R via Southern

Spec.—1-10-21—M&T—1500 Blks.

D 96643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 D 96641

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 363 Ellamont ST., 20-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geraldine Butler

(a) RESIDENCE No. 363 Ellamont ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1924

7 AGE: Years | Months: 8 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Fulton Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Viola Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Emma E. Wilson (Address) 363 Ellamont St.

15 Filed ..... 19..... KELLY B. KRAUTER, Registrar

MAR 24 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/22 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/10 ....., 1925 ... to 3/22 ....., 1925, that I last saw h alive on 3/22 ....., 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. H. Yanky M. D.

, 19 (Address) 3306 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: March 24, 1925

20 UNDERTAKER: C. W. Dill ADDRESS: 3109 Fredk. Ave.

Spec.—1-10-21—M&T—1500 Bks.

D 96642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96642

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 5-1 WARD)

2-FULL NAME Thomas Jackson

(a) RESIDENCE NO. 1207 E. Lexington ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Daniel Jackson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Wilhemina

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Municipal Hospital
(Address)

15 Filed MAR 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to March 22, 1925, that I last saw him alive on March 22, 1925 and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos 2 days

CONTRIBUTORY (Secondary) Chronic myocarditis, myocardial failure (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller, M. D.

3/23/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Mar 25 1925

20 UNDERTAKER Chris W. Johnson — ADDRESS 67 N. Caroline St.

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96643

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96643

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James P. Thompson

(a) RESIDENCE NO. 2052 Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	64 yr			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 003

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Robert Thompson

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 24 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1925. to March 21, 1925.

that I last saw him alive on March 21, 1925

and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis, myocardial failure

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. L. Miller. M. D.

3/22/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 3-24 1925

20 UNDERTAKER Dennis Taylor

ADDRESS 916 Pa ave

FROM is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96644 — B 96644

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 756 Waseche St 4-1 40 Registered No. .....

2-FULL NAME Thomas Tillery

(a) Residence No. 756 Waseche St., ... Ward .....
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Color d

5-Single, Married, Widowed, or Divorced. married the world

If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1876

7-AGE. 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Butler

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Wm Tillery

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Emily Lewis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant) Thomas Tillery

(Address) 756 Waseche St

15- FILED MAR 24 1925 ROBERT I. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 23/25

17- I HEREBY CERTIFY, That I attended deceased from March 16 1925 to March 22 1925 that I last saw h[illegible] alive on March 22 1925 and that death occurred, on the date stated above, at 5-23 [illegible] m.

The CAUSE OF DEATH* was as follows:

Arthritis

(Duration) ..... 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John C Stewart M. D.

, 19 (Address) 704 N Lafayette Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem — DATE OF BURIAL. 3-27-26

20-UNDERTAKER. Dan Foster — ADDRESS Bo ar 916

D 96645

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓

REGISTERED No. D 96645

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 400 N. Fulton Ave St. 20-5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Miss Martha Elizabeth Penna

(Residence in Baltimore: No. Home for the Aged of the M.E. Church St.: 17 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June 17, 1845 (Month) (Day) (Year)

7 AGE: 79 yrs. 9 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Montgomery Co. Maryland

PARENTS

10 NAME OF FATHER: Greenberry Penna

11 BIRTHPLACE OF FATHER (State or country): ~~Irish~~ American born

12 MAIDEN NAME OF MOTHER: Miranda Merrick

13 BIRTHPLACE OF MOTHER (State or country): American

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. C. Shannon MD
(Address) 700 Fulton Ave

15 Filed MAR 24 1925 ROBERT E. KRAUSE Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 22, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1925, to March 22 1925, that I saw h[illegible] alive on Mch 22, 1925, and that death occurred, on the date stated above, at 10 p m.
The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) 1 yrs. ✓ mos. 5 ds

Contributory (SECONDARY) Myocarditis

(Duration) ✓ yrs. 2 mos. ✓ ds.

(Signed) George C. Shannon M. D.
3/23, 1925. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usoal residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Mar 24, 1925

20 UNDERTAKER: George J Smith — ADDRESS: Hollins

IS VERY IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION may be properly classified.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96646 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 17-129

City of BALTIMORE: (No. 739 George St., 17 Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Garnett

(a) Residence No. 739 George St., 17 Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Garnett

6-DATE OF BIRTH (month, day and year) July 1866

7-AGE. 59 yrs. 8 mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 710
(c) Name of employer .....

9-BIRTHPLACE (city or town) Essex Co (State or Country), Va

PARENTS:
10-NAME OF FATHER, Geo Washington
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Jamaica
12-MAIDEN NAME OF MOTHER, Priscilla Robinson
13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va

14- (Informant) Lucy Jamison
(Address) 739 George St

15- Filed MAR 24 1925, 192 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued. Hall

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar. 22. 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1925 to Mar. 22 1925
that I last saw her alive on Mar 21, 1925
and that death occurred, on the date stated above, at 12.15 A.m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) J. Smith M. D.

, 19 (Address) 1126 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Mt Auburn	3/24 1925
20-UNDERTAKER	ADDRESS
Jas. W. Skinner	1625 E. Mad st

Spec.—1-10-21—M&T—1500 Bks.

D 96647

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96647

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hosp

CITY OF BALTIMORE: (No. Linden & Madison St. (Ward) 12-4

REGISTERED NO. 86-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Master Ernest Chaney

(a) RESIDENCE NO. 1510 W. 36th ST. 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md (State or country)

PARENTS

10 NAME OF FATHER Ernest Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Savage, Md

12 MAIDEN NAME OF MOTHER Margaret Stockdale

13 BIRTHPLACE OF MOTHER (city or town) Finksburg (State or country) Carroll Co. Md

14 Informant Father (Ernest Chaney) (Address) 1510 W. 36th St.

15 Filed MAR 24 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1925, to Mar. 23, 1925, that I last saw him alive on Mar. 23, 1925 and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Left sided Otitis Media

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? @ home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Angus Loughran M. D.

19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Finksburg (Carroll Co Md) DATE OF BURIAL March 25 1925

20 UNDERTAKER Horace H. Burgee ADDRESS 3631 Falls Road

PRINT in very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96648

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 96648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3008 O'Donnell St., 1st Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mieczyslaw Czajkowski

(a) Residence No.. 3008 O'Donnell St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

single

6-DATE OF BIRTH (month, day and year) May 22 1923

7-AGE, ... 1 yrs. 10 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country).

PARENTS.

10-NAME OF FATHER, Teofil Czajkowski

11-BIRTHPLACE OF FATHER (city or town) Poland
(State or Country),

12-MAIDEN NAME OF MOTHER, Wanda Pisarska

13-BIRTHPLACE OF MOTHER (city or town) Poland
(State or Country),

14- (Informant) Teofil Czajkowski

(Address) 3008 O'Donnell St

15- Filed ..... 192. ..... Registrar.

MAR 24 1925 ROBERT R. KRAUTER, Registrar of Vital Records

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22 1925

17- I HEREBY CERTIFY, That I attended deceased from March 20 1925 to March 22 1925

that I last saw h... alive on March 22 1925

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William Myserer M. D.

(Address) 801 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Rosary Cem. — DATE OF BURIAL, March 24 1925

20-UNDERTAKER, Stephen J. Fialkowski — ADDRESS 1000 S Howard

Spec.—1-10-21—M&T—1500 Blks.

D 96649

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96649

CERTIFICATE OF DEATH.

*74-001

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jay M Graves

(a) RESIDENCE NO. Glen Burnie Md. ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15 1849

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
75	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Hospital Records University Hospital

15 Filed MAR 24 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1925, to March 22, 1925, that I last saw him alive on March 22, 1925, and that death occurred, on the date stated above, at 1.00 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 1

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy + Clinical Hist

(Signed) A Torchiana, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Marley Church Cemetery a.a.Co.	Mar 25 1925
20 UNDERTAKER John F Denny	ADDRESS 775 Light St

...ON BACK OF CERTIFICATE.

Cor.—1-12-23—M&T—100 Bks.

D 96650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96650

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1623 N. Bruce St., 15 WARD)

REGISTERED NO. 74-13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard T. Moulton

(a) RESIDENCE NO. 1623 N. Bruce St.; WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie Moulton

6 DATE OF BIRTH (month, day, and year) about 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Store Keeper,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Montgomery Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Coleman Moulton

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER [redacted]

13 BIRTHPLACE OF MOTHER (city or town) [redacted]
(State or country)

14 Informant Mrs. Sadie Moulton
(Address) 1623 [redacted] N. Bruce St.

15 Filed MAR 24 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) no other history,

(duration) ... yrs. ... mos. ... ds.

(Signed) E. T. Hennessy, M. D.
(Coroner)

192 5 (Address) 200 Redwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lubentia Cem. DATE OF BURIAL Mar 24 1925

20 UNDERTAKER Samuel D. Wisley ADDRESS 1508 E Baltimore

Daniel Perrin Clerk.

ROBERT R. KRAUSE.

Cor.—1-12-23—M&T—100 Bks.

D 96651

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96651

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (Aged Home for Colored) 10 1 | REGISTERED NO.

CITY OF BALTIMORE: (No. 1622 Dennis Hill Ave ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marks Sydnor

(a) RESIDENCE NO. 1622 Dennis Hill ST., Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sydnor

6 DATE OF BIRTH (month, day, and year) about 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work comp gtr
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va,
(State or country) Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mrs Cornelia Bailey
(Address) 1706 Freemason St

MAR 24 1925

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) ins Hist history,

(duration) yrs. mos. ds.

(Signed) J. T. Kenney, M. D.
(Coroner.)

March 25, 1925 (Address) 2102 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Wm. Osborne Mem

DATE OF BURIAL 3/26 1925

19 UNDERTAKER Samuel T. Kinsley

ADDRESS 1128 Bolton

D 96652 500 Bks.

1795 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 D 96652

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lois Hillery

(a) RESIDENCE NO. 1609 Barnes ST., ... WARD 1

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Color | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1923.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Hillery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Cora [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant ..... (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 24 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925 to March 23 1925.

that I last saw her alive on March 23, 1925.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Spinal Fluid

(Signed) C. H. Scull M. D.

3-23 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Mar. 26 1925
20 UNDERTAKER	ADDRESS
Jos. T. H. Rochester	1813 Eutaw

...OR BACK OF CERTIFICATE.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96653

CERTIFICATE OF DEATH.

90 D 96[illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2207 Elsinore (St.) 15-5 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Kissey Sr

(a) RESIDENCE (Usual place of abode) No. 2207 Elsinore St. Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R. Kissey

6 DATE OF BIRTH (month, day, and year) Oct. 26 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm. Kissey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER A. N. Timanus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant C. S. Kissey

(Address) 2207 Elsinore St Balto Md

15 Filed MAR 24 1925 19 ROBERT R. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-22- 1925

17 I HEREBY CERTIFY, That I attended deceased from July-29. 1925 to Nov-22 1925 that I last saw him alive on Nov-22- 1925, and that death occurred, on the date stated above, at 8-P. m.

The CAUSE OF DEATH was as follows:

Senile Myocarditis, with acute dilatation during an asthmatic attack.

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole, M. D.

3-24-19 (Address) 2207 Elsinore Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
H.B. Druid Ridge	Mar 25 19 25
20 UNDERTAKER	ADDRESS
H.B. Wisefield	850 N Bethel

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96654

101-001

CERTIFICATE OF DEATH.

D 96654

1-PLACE OF DEATH

City of BALTIMORE: (No. 722 ale Henry St., 21-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Woldmann

(a) Residence No. 722 ale Henry St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 28 1847

7-AGE. 77 yrs. 4 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore md

PARENTS.

10-NAME OF FATHER, John D. Woldman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germy

12-MAIDEN NAME OF MOTHER, Elizabeth Gogreke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germy

14-

(Informant) Mrs William Redenmeyer

(Address) 722 ale Henry st

15-

Filed MAR 24 1925 ROBERT R. KRAUTER Registrar.

Assist. Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 23 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar. 9 1925 to Mar 23 1925

that I last saw h[illegible] alive on Mar. 22 1925

and that death occurred, on the date stated above, at 9 40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 2 ds

CONTRIBUTORY (Secondary) Mitral Regargitation

(Duration) yrs. 6 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry Boyd M. D.

3/23, 1925 (Address) 602 Washington Blvd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemy

DATE OF BURIAL. Mar 25, 1925

20-UNDERTAKER. Jos Joerdens Son

ADDRESS 217 S Pac

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96655

CERTIFICATE OF DEATH.

58-001

17-3

D 96656

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Curley ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuel Botorek

(a) RESIDENCE NO. 411 N. Curley St ST., 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Botorek

6 DATE OF BIRTH (month, day, and year) Dec. 25-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith 06

(b) General nature of industry, business, or establishment in which employed (or employer) American Ice Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Botorek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Peter L. Botorek (Son)

(Address) 309 S. Johnson St.

MAR 24 1925

Filed ..... 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1925

17 I HEREBY CERTIFY, That I attended deceased from 1 July, 1924, to 23 Mar, 1925, that I last saw h... alive on 22 Mar, 1925, and that death occurred, on the date stated above, at 10.15 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) ... yrs. 9 mos ... ds.

CONTRIBUTORY (Secondary) Cellulitis of Leg

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) D. Strouse, M. D.

, 19 (Address) 2015 Allwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	March 26 1925
20 UNDERTAKER Lilly & Zeile 403	ADDRESS S. Wolfe St

Cor.—1-12-23—M&T—100 Bks.

D 96656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10D 96656

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 Welcome Alley. ST., 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Cornish.(C)

(a) RESIDENCE NO 544 Welcome Alley. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 22 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 29, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER William Cornish.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Maggie Morelock.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Maggie Cornish.(C)mother.

(Address) 544 Welcome Alley.

Filed MAR 24 1925 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
unknown.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos ..... ds.

(Signature) Otto M. Reinhardt M. D.
(Coroner.)

March 23, 1925 (Address) 1014 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Ivor	3/24/25
20 UNDERTAKER	ADDRESS
V. A. Brooks	1463 N Carey St

Spec.—1-10-21—M&T—1500 Bks.

D 96657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

D 96657

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Presstman ST., 15-13 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Tasker

(a) RESIDENCE No. 1721 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Tasker

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ann Arundle Co., (State or country) Md.

PARENTS

10 NAME OF FATHER Major Brodt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ann Arundle Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ann Arundle Co. Md.

14 Informant Betty Beck

(Address) 1721 Presstman st.

15 Filed ....., 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22- 1925

17

I HEREBY CERTIFY, That I attended deceased from 1-26- 1925, to 3-22- 1925,

that I last saw h alive on 3-20- 1925,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) George C Page, M. D.

, 19 (Address) 1701 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mar 25 1925

UNDERTAKER, Virginia A. Brooks

ADDRESS 1463 Carey

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96658

CERTIFICATE OF DEATH.

D 96658

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST.: 10-2 WARD) 10

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Doris Smith

(a) RESIDENCE. No. 600 E. Madison St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) June 28, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William E. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret Gebhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. W. E. Smith

(Address) 600 E. Madison St

15 Filed MAR 24 1925 19 ROBERT R. KNABE, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 22, 1925, to March 24, 1925, that I last saw h er alive on March 24, 1925, and that death occurred, on the date stated above, at 6 15 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Nasal, Tons. & Pharyngeal

(duration) appr. mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Tracheotomy Date of March 23,

Was there an autopsy? no

What test confirmed diagnosis Positive Diphtheria Cult.

(Signed) Myron S. Tull, M. D.

3/24 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Harford Road	Mar. 25 1925
20 UNDERTAKER	ADDRESS
Elmer W. Conklin	924 E. Eager

10

Spec.—1-10-21—M&T—1500 Blks.

D 96659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 96659

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 16-7 WARD)

2-FULL NAME Howard Jackson

(a) RESIDENCE No. 820 Mat Cont. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 13, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Winfield Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge, Md

14 Informant Wm Dallumbs

(Address) 6023 Dale St

Filed MAR 24 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1925, to Mar 22, 1925, that I last saw him alive on Mar 21, 1925, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia and endocarditis (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. data

(Signed) J. L. Szucs, M. D.

, 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Mar 24 1925

20 UNDERTAKER John DeCarlo

ADDRESS 534 S Dallas

D 96660

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96660

CERTIFICATE OF DEATH.

9-3-188-003

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Rinn

(Residence in Baltimore: No. 601 E. 27th St St, yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

6-DATE OF BIRTH. Dec. 18-1873 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
52 yrs. 3 mos. 4 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John S. Rinn

11-BIRTHPLACE OF FATHER, (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Sarah Burns

13-BIRTHPLACE OF MOTHER, (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Rinn (Brother)

(Address) 803 E. 22nd St

15- Filed MAR 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22-25, 192.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-(struck by automobile, inquest to held Mar. 23-25)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Kolb M. D. (Coroner.)

3-23-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	March 26 1925
20-UNDERTAKER,	ADDRESS
E. A. Winkelfeld Jr	501 E 22 St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96661

CERTIFICATE OF DEATH.

+90 D 96667

1-PLACE OF DEATH U. S. Marine Hospital No. 2 REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST., 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Cole.
U.S Marine Hospital No 2.

(a) RESIDENCE NO. 15 Quality St Chester Pa. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unk yrs. ... mos. ... ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1880-

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Seaman.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Mate
(c) Name of employer S/S Freeland, D. C. (Washington)

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Self.
(Address)

15 Filed MAR 24 1925 ROBERT F. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1925, to Mar. 22, 1925.
that I last saw him alive on Mar. 22, 1925.
and that death occurred, on the date stated above, at 1 30 m.

The CAUSE OF DEATH* was as follows:
Valvular Heart Disease
Combined lesions, aortic & mitral

(duration) yrs. 6 mos 5 ds.

CONTRIBUTORY (Secondary) Nephritis, Chronic Interstitial
(duration) yrs. 7 mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs and Examinations

(Signed) J. Prather M. D.

3/23, 1925 (Address) U S Marine Hospital #2 Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 3/24 1925

20 UNDERTAKER Sol. Levinson & Bro — ADDRESS 1127 E Balto st

Spec. –1-10-21—M&T—1500 Bks.

D 96662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 D 96662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Graham Wolowitz

(a) RESIDENCE NO. 231 N. Milton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta Wolowitz

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Wolowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Montown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Balt St

15 Filed ....., 19 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24 1925

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1925, to March 24, 1925, that I last saw him alive on March 24, 1925 and that death occurred, on the date stated above, at 3:50 m.

The CAUSE OF DEATH* was as follows:

Post-operation ileus following prostatectomy for benign hypertrophy

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Post-operation ileus

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 3-19-25

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Isadore Wagreich M. D.

3-24 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Wash Road — DATE OF BURIAL 3/25 1925

20 UNDERTAKER Jack Lewis 1439 — ADDRESS E Balt

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96663

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96663

CERTIFICATE OF DEATH.

Mt. Washington

1-PLACE OF DEATH

City of BALTIMORE: (No. Lanny Road E of Cross St., County Boulevard Ward) 43-15 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin A. Hill

(a) Residence No. Lanny Road E of Cross County Boulevard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Cinda G. Hill

6-DATE OF BIRTH (month, day and year) July 4-1866

7-AGE, 58 yrs. 8 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Co.

PARENTS.

10-NAME OF FATHER, Thomas Hill

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Rosanna Kelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) Mrs. Cinda Hill

(Address) Lanny Rd E Cross County Boulevard

15- Filed APR 24 1925 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 22-25

17- I HEREBY CERTIFY, That I attended deceased from May 1 1924 to March 22 1925 that I last saw h[illegible] alive on March 22 1925 and that death occurred, on the date stated above, at 9.40 a.m.

The CAUSE OF DEATH* was as follows:

Stomatitis - Exhaustion

+ Pulmonary oedema

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Neck + Jaw

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? yes

Did an operation precede death? yes Date of May 1924

Was there an autopsy? no

What test confirmed diagnosis? Microscope

3/23, 1925 (Signed) J. Elmer Fiddes, M. D.

(Address) 4 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL, Mar. 26 19 25

20-UNDERTAKER, A. S. Marshall ADDRESS 3539 Falls Road

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96664 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4101 E Lombard St., 26-51 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie Carroll

(a) Residence No. 4101 E Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph E. Carroll

6-DATE OF BIRTH (month, day and year) Sept 09-1889

7-AGE, 35 yrs. 5 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Fairmount (State or Country), Md

PARENTS.

10-NAME OF FATHER Wm S. Holland

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma H Douglas Kerby

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Jos E Carroll

(Address) 4101 E Lombard

15- Filed MAR 24 1925 192 ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to March 24, 1925, that I last saw her alive on March 24, 1925, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Acute)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Articular Rheumatism

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Laboratory exam

(Signed) M. Alcott, M. D.

, 19 (Address) 1350 E. Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Fairmount Md	March 26 1925
20-UNDERTAKER.	ADDRESS
John Merrick	2008 Orleans

U.S. AFE

DAK

D 96665 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Bay View Hospital St., 26-7 Ward) Registered No. C 202

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Smith

(Residence in Baltimore: No. ..... St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	M

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE. about 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country).

PARENTS

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15. Filed March 24 1925 192.... Robert P. Harrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 10 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound Comminuted Fracture L Skull. by fall from Dray Duration .... hrs. ....

CONTRIBUTORY (Secondary) Hemorrhage - Lung Duration 3 days yrs. mos. ds.

(Signed) James M Fenton (Coroner) M. D.

March 14 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death .... yrs. .... mos. .... ds. In the state .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? On Flat - barber

Former or usual residence Maryland

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ..... 19....

20-UNDERTAKER. ADDRESS

CORONER'S MORGUE.

D. 96665 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 96665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Jay bird Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Robert Smith

(Residence in Baltimore: No..... St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. Unknown ..... 1..... (Month) (Day) (Year)

7-AGE. about 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed ....., 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Comp. Comminuted Fracture of Skull. accident while unloading Iron Ore from Ship 4 (Duration) ..... yrs. ..... mos. 8 hrs.

CONTRIBUTORY (Secondary) Hemorrhage

..... (Duration) 1 yrs. ..... mos. 8 hrs.

(Signed) James M Hanlon Jr. M. D. (Coroner.)

Mar 17 1925 (Address) 701 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? On Steamer in harbor

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. 19
20-UNDERTAKER.	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

D 96666

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96666

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Westwood av ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Schapiro

(a) RESIDENCE NO. 2013 Westwood av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 23/25

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: DDD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm Schapiro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Annie Abrams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs Eangie Schapiro

(Address) 2013 Westwood av

15 Filed MAR 24 1925, 19 ... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Mch 22, 19 25, to Mch 20, 19 25, that I last saw h~~e~~ alive on Mch 20, 19 25 and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Premature birth 5 mo

Forceps

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ed Kunel, M. D.

(Address) 1506 N. Rock av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Rohrer State Board

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Dept. of Health, MAR 23 1925

Sec. 4 of Ordinance imperative. See instructions on back of certificates.

Spec.-12-23-21-E.B.R.S.-400 Blks.

D 96667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96667

1-PLACE OF DEATH

City of BALTIMORE: (No. 1112 E. 20th St St., 9-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Brennan

(a) Residence No. 1112 E. 20th St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Brennan

6-DATE OF BIRTH (month, day and year) Dec 28/1841

7-AGE. 83 yrs. 2 mos. 23 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, Michael Brennan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Joseph L. Brennan

(Address) 4717 Ready Ave

15- Filed MAR 24 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). MAR 23 1925

17- I HEREBY CERTIFY, That I attended deceased from MAR 12 1925 19 to MAR 23 1925 19

that I last saw h[illegible] alive on MAR 23 1925 19

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia and uremia

(Duration) 1 yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) [illegible] yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Duker M. D.

MAR 24 1925 (Address) 928 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cemetery	Mar 26, 1925
20-UNDERTAKER	ADDRESS
Harry H. Ammond & Son	Ridgewood Ave

Spec.—1-10-21—M&T—1500 Blks.

(Textor)

D 96668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96668

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 4415 Garrison Boulevard ST., 27-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Textor

(a) RESIDENCE No. 4415 Garrison Boulevard ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J Textor

6 DATE OF BIRTH (month, day, and year) Nov 17th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Anton Textor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary J Textor
(Address)

15 Filed 4 1925, 19 ..... Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1925

17 I HEREBY CERTIFY, That I attended deceased from March 17th 1925. to March 22nd 1925.
that I last saw him alive on March 22nd 1925.
and that death occurred, on the date stated above, at 5.10 P m.
The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Do not know (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. J. Carrick M. D.

Mch 28 1925 (Address) 412 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL March 25 1925

20 UNDERTAKER H. Sander Sons

ADDRESS 1710 Fleet St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96669

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96669

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 Gladstone Ave St., Roland Park Ward) 7-6

Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Clara E. Brown

(a) Residence No. 705 Gladstone Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 30/1851

7-AGE. 73 yrs. mos. ds. If LESS than 1 day hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Newark N.J.

PARENTS.

10-NAME OF FATHER, Edwin Hampson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). England

12-MAIDEN NAME OF MOTHER, Mary Ann Price

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). England

14- (Informant) C. Maude Brown

(Address) 705 Gladstone Ave

15- Filed 4 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 23/1925

17- I HEREBY CERTIFY, That I attended deceased from March 22 1925 to March 23 1925 that I last saw h[illegible] alive on March 23 1925 and that death occurred, on the date stated above, at 6.00 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Henry D Staha M. D

(Address) 225 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem	March 26 1925
20-UNDERTAKER. George J Smith	ADDRESS 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96670 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96670

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 N. Gilmore St ..... St., 14-31 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ..... Margurite Virgina ..... Williams .....

(a) Residence No. 417 N. Gilmor St ..... St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Negro	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) July, 21, 1904

7-AGE.	If LESS than 1 day,
20 yrs. 9 mos. 0 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Phila. Penna.

PARENTS.

10-NAME OF FATHER, Harvy Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Jennie Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) Augusta Johnson

(Address) 417 N. Gilmor St

15- Filed ..... 1925 Robert P. Harrison Registrar.

1925 ..... Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 19th ...., 1925., to March 21st, 1925.. that I last saw h.er alive on .... March 21st, 1925 ..., and that death occurred, on the date stated above, at 11;10am

The CAUSE OF DEATH* was as follows:

Peritonitis

(over)

.....(Duration) .....yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculosis ?

.....(Duration) ? yrs. ? mos. ? ds.

18-Where was disease contracted if not at place of death? At place of deat

Did an operation precede death? Yes Date of July

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1618 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Mt. Zion Cemetery	3-25, 1925
20-UNDERTAKER.	ADDRESS 322
Mrs. Katie K. Williams	N. Schroeder St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96671

CERTIFICATE OF DEATH.

D 96671

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 W. Lanvale St., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Jones

(a) RESIDENCE NO. 1216 W. Lanvale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Jones

6 DATE OF BIRTH (month, day, and year) about 1854 guess

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71 yrs.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Floorer
(b) General nature of industry, business, or establishment in which employed (or employer) retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Nellie Coleman
(Address) 1216 W. Lanvale St.

15 Filed March 24, 1925 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Enter. Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

March 24, 1925 (Address) 2 E Fort Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL March 25, 1925

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 322 N. Schroeder St.

Spec.—1-10-21—M&T—1500 Blks.

D 96672

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96672

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Patitucci

(a) RESIDENCE NO. 1629 Gough St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of — Dominick Patitucci

6 DATE OF BIRTH (month, day, and year) [illegible] - 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Aquino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Rasa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Johns Hopkins Hospital

15 Filed 3-24 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/21, 1925, to 3/23, 1925, that I last saw her alive on 3/25, 1925, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post operative Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 3/23/25

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E L Stone, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 26 1925

20 UNDERTAKER Wendell Oppelsdorn — ADDRESS 378 N

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96673

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

7-1 179

D 96673

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Yage Pischalski .....

(Residence in Baltimore: No. 46 Railway Ave Colgate Md St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
male	White	Single

6-DATE OF BIRTH.

..... unknown ..... 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
6 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Julius Pischalski

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Mary Cramer

13-BIRTHPLACE OF MOTHER, (State or Country). Poland?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Pischalski

(Address) 46 Railway Ave Colgate

15-

Filed ..... 192.....

Robert F. Harrison,
Burial Permit Clerk. Registrar.

24 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 24-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns over body(left)
(Undetermined, at home alone with
mother, who is paralyxed. Father
found her when he returned from
(Duration) yrs. mos. ds.
CONTRIBUTORY work)
(Secondary)
..... (Duration) yrs. mos. ds.

(Signed) J. M. Collier M. D.
(Coroner.)

3-24-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	Mar 26 192 5

20-UNDERTAKER. Randall & Hyppolite

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

(Koenig)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96674

CERTIFICATE OF DEATH.

74 D 96674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N Port ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeannette Elizabeth Koenig

(a) RESIDENCE NO. 1718 N. Port St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos 24 ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Koenig

6 DATE OF BIRTH (month, day, and year) Feb - 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany Dalburg

PARENTS

10 NAME OF FATHER Adam Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Michael J Sullivan

(Address) 1718 N Port St.

15 3-24-1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/12, 1925, to 3/21, 1925, that I last saw h[illegible] alive on 3/20, 1925, and that death occurred, on the date stated above, at 12 50 a. m.

The CAUSE OF DEATH* was as follows:

(Apoplexy)

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hy[illegible]

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Sign

(Signed) Reamer L Straker M. D.

, 1925 (Address) 3525 Pall Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. DATE OF BURIAL: March 26 25

20 UNDERTAKER: Kendall J Hippel ADDRESS: 37 Lamb

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96875

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96675

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

City of BALTIMORE: (No. 1049 S. Charles St., 23-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. E. Edgar Rollman

(a) Residence No. 1049 S. Charles St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Alvina Waldeck Rollman

6-DATE OF BIRTH (month, day and year) July 29. 1880

7-AGE. 44 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Musician

(b) General nature of industry, business, or establishment in which employed (or employer). 186

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto., Md.

PARENTS.

10-NAME OF FATHER. Charles Rollman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto, Md.

12-MAIDEN NAME OF MOTHER. Emma Schmidt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto., Md.

14- (Informant). Robert Rollman

(Address) 421 N. Augusta ave.

15- Filed 24 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22/25

17- I HEREBY CERTIFY, That I attended deceased from March 16, 1925, to March 22 1925, that I last saw h~~im~~ alive on March 22 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum & bladder

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (lobar)

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis?.....

3/25, 1925 (Signed) J. Henry J. Hahn, M. D. (Address) 1111 N Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem. DATE OF BURIAL. March 25 25

20-UNDERTAKER. Margaret A. Flynn ADDRESS 1422 Light St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96676 ✓ D 96676

CERTIFICATE OF DEATH.

187-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Vickers Building, 223 E.Redwood St. ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaiah Bibins.(C)

(a) RESIDENCE NO 328 S.Eutaw St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Married.

6a If married, XXXXXXXXXXXX HUSBAND of (XXWIDOWXX) Louise Bivins.(C)

6 DATE OF BIRTH (month, day, and year) March 26, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter. 070
(b) General nature of industry, business, or establishment in which employed (or employer) Vickers Building.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER Dennis Bivins.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Susan Sample.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Louise Bivins.(C) wife.
(Address) 2313 McCulloh St.

APR 25 1925 ROBERT R. KRAMER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the body.
Accidentally caught between an Elevator and Wall. of Elevator shaft.

(duration) yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

March 23, 1925 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 3/25 1925

20 UNDERTAKER Thos H Hooper ADDRESS 406 Conway St

Spec.—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96677

CERTIFICATE OF DEATH.

6-3 49 D 96677

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 117 S. Luzerne ave St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Nachman H. Reinhartz

(a) Residence No. 117 S. Luzerne ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Shara Reinhartz

6-DATE OF BIRTH (month, day and year) unknown

7-AGE. 68 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cantor

(b) General nature of Industry, business, or establishment in which employed (or employer). 065

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Russia

PARENTS.

10-NAME OF FATHER. David Isaac Reinhartz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

11-Informant. Jacob Morrison

(Address) 117 S. Luzerne ave

MAR 25 1925 ROBERT R. KRAUTER, Deputy Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-24-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 to March 1925, that I last saw h. alive on March 23 1925 and that death occurred, on the date stated above, at 10:00 a.m. The CAUSE OF DEATH* was as follows:

Sarcoma

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nathan Weltzoch M. D.

March 25 1925 (Address) 1 E. Lexington

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Rosedale	3-26 1925

20-UNDERTAKER. Jacob Lewis 1439 Eastern ADDRESS

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96678 HEALTH DEPARTMENT—CITY OF BALTIMORE 101 001 D 96678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 605 S. Linwood Avenue Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence R. Ziegling

(a) Residence No. 605 S. Linwood Avenue Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug-28-1904

7-AGE, 20 yrs. 6 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cat Chef Helper

(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Point

(c) Name of employer Mills Co

9-BIRTHPLACE (city or town) (State or Country), York Co Pa

PARENTS.

10-NAME OF FATHER, David R Ziegling

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Anna E. Rawlings

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pennsylvania

14- (Informant) David R. Ziegling

(Address) 605 S. Linwood

15- Filed 19 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 23-25

17- I HEREBY CERTIFY, That I attended deceased from March 16, 1925 to March 23, 1925

that I last saw him alive on March 23, 1925

and that death occurred, on the date stated above, at 4½ P. M.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? F. S. & S. - Lab.

(Signed) John V. Szczbicki M. D.

, 19 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 1925
Oakleaf Cemetery	3/26
20-UNDERTAKER, William Cook	ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Blks.

D 96679 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96679

CERTIFICATE OF DEATH.

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2042 W. 29 ST. 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa H Stinckel

(a) RESIDENCE No. 2042 W. 29 ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 6 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick H Stinckel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barina Reinen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Sister 6 Guilford Ave

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1925

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to March 22, 1925, that I last saw h[illegible] alive on March 22, 1925, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Carcinoma - (Uterus)

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of February 25, 25

Was there an autopsy? no.

What test confirmed diagnosis? Operation (Symptoms)

(Signed) John S Green Jr. M. D.

3/27 1925 (Address) Towson, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Ave DATE OF BURIAL: Mar 26 1925

20 UNDERTAKER: William Lutz Sons ADDRESS: Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96680
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

1925 70-4

D 96680
Registered No. C.....

City of BALTIMORE: (No. Mercy Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Jacob W. Dohler

(Residence in Baltimore: No. 206 Hermiser St St.; yrs. 56 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	Married

6-DATE OF BIRTH. Jan. 29 (Month) (Day) 1867 (Year)

7-AGE. 57 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Engineer
(b) General nature of industry, business, or establishment in which employed (or employer). City 030

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Jacob W. Dohler

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jacob W. Dohler

(Address) 206 Hermiser St.

15- Filed MAR 25 1925 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 24 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(inquest, autopsy or)~~ inquiry.) thereon and from the evidence obtained by said ~~(inquest, au-~~ ~~topsy or inquiry.)~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell from Ladder

(Duration) yrs. mos. ds.

(Signed) W. P. Frances M. D.
(Coroner)

3-25 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oakland Cem.	March 27 1925
20-UNDERTAKER.	ADDRESS
Jno Cook	502 E. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

9668F

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 9668F

CERTIFICATE OF DEATH.

V 91-09

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 324 N. Fulton Ave St., 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James J. Farnan

(a) RESIDENCE NO. 324 N. Fulton Av St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Sarah E. Farnan

6 DATE OF BIRTH (month, day, and year): Feby 26, 1840

7 AGE: Years 85 | Months — | Days 26 | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Undertaker

(c) Name of employer: W. Jenkins' Sons

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo. Farnan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen McCabe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Ireland

14 Informant: Miss Mary Farnan

(Address): 324 N. Fulton Ave

15 Filed MAR 25 1925 19 ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1925

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to March 24, 1925, that I last saw him alive on March 23, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill M. D.

3/24, 1925 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cathedral Cem

DATE OF BURIAL: 3-27 1925

20 UNDERTAKER: Henry W. Jenkins' Sons Co.

ADDRESS: Orchard & McCulloh Sts

D 96682

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 D 96682

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 400 Fulton Ave North ST. 20-5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Miss Ella E Norman

(Residence in Baltimore: No. Home for the Aged of the M.E Church St.; 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept. (Month) 30 (Day), 1852 (Year)

7 AGE: 72 yrs. 5 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Newark New Jersey

PARENTS

10 NAME OF FATHER: Jno James Norman

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Jane V. Stout

13 BIRTHPLACE OF MOTHER (State or country): New Jersey

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo E Thornton

(Address) 700 Fulton Ave.

15

Filed ..... 191 .....

ROGER T. FRAUTEN, Registrar of Vital Statistics

MAR 25 1925

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 24 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1925, to March 24 1925

that I saw h[illegible] alive on Mch 20, 191 .

and that death occurred, on the date stated above, at 4.15 p m.

The CAUSE OF DEATH* was as follows:

1 Nephritis Chronic

(Duration) 4 yrs. 6 mos. 4 ds

Contributory (SECONDARY) Myocarditis

(Duration) 2 yrs. 6 mos. 1 ds.

(Signed) Geo E Thornton M. D.

Mar 24, 1925 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: March 26, 1925

20 UNDERTAKER: George J Smith

ADDRESS: 1529 Hollins St

Spec.—1-12-23—M&T—500 Bks.

D 96683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 96683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame College Ch. Co. Ln. ST., 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Ivo Backe

(a) RESIDENCE No. Notre Dame College Ch. Co. Ln. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 17, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York (State or country) N. Y.

PARENTS

10 NAME OF FATHER Franz Backe

11 BIRTHPLACE OF FATHER (city or town) Bavaria (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Hilfert

13 BIRTHPLACE OF MOTHER (city or town) Hesse Darmstadt (State or country) Germany

14 Informant Sister M. Philemon (Address) Charles St. Ave Balto. Md

15 Filed MAR 25 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1924, to March 22, 1925, that I last saw her alive on March 22, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Interstitial Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl Davies, M. D.

, 19 (Address) 4720 Harford Rd

*Give the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Govanstown (Private)	March 26 1925
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96684

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 D 96684

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Municipal Hospital ST., 17 WARD)

2-FULL NAME Edward Banks

(a) RESIDENCE NO. 507 W. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Banks

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Laura Banks

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 25 1925 19 ..... ARTHUR H. KRAUTER, Registrar

Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1925

17 I HEREBY CERTIFY, That I attended deceased from March 12 1925 to March 21 1925, that I last saw him alive on March 21 1925 and that death occurred, on the date stated above, at 12:30 Pm.

The CAUSE OF DEATH* was as follows:

Aortitis, aortic insufficiency

Myocardial insufficiency

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. K. Miller, M. D.

3/24 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md — DATE OF BURIAL 3-25 1925

20 UNDERTAKER E & B Starks — ADDRESS 115 E West St

Spec.—1-10-21—M&T—1500 Bks.

D 96685 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO. 936

CITY OF BALTIMORE: (No. Raynor ave and Woodland) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Faupel

(a) RESIDENCE NO. 3326 Gwynn Falls parkway (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 hrs How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 24/1925

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ———

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) W. B. G. Hospital

PARENTS

10 NAME OF FATHER Stanley Henry Faupel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Vlasta Tetenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Stanley Henry Faupel (Address) 3326 Gwynn Falls parkway

15 MAR 25 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1925

17 I HEREBY CERTIFY, That I attended deceased from 2:30 am 3/24, 1925, to 6:20 pm 3/24, 1925, that I last saw h alive on 6 pm 3/24, 1925, and that death occurred, on the date stated above, at 6:30 pm.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale

(duration) yrs. mos. 16 hrs

CONTRIBUTORY (Secondary) Premature birth

(duration) yrs. mos. 16 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) Jas. Hubert Wilkinson, M. D.

19 (Address) West Baltimore Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery — DATE OF BURIAL March 25, 25

20 UNDERTAKER Frederick Sasahn & Sons — ADDRESS Fullerton

Spec.—1-10-21—M&T—1500 Blks.

1925-07 D 96686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-01 D 96686

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 6-1

CITY OF BALTIMORE: (No. ..... ST., 6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Gibson

(a) RESIDENCE NO. 21 N. Caroline St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1923

7 AGE: Years 2 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Hemsiends

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 25 1925, 19..

ROBERT R. KEMP Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to March 24, 1925, that I last saw he alive on March 24, 1925, and that death occurred, on the date stated above, at 12 00 M.

The CAUSE OF DEATH* was as follows:

Acute Bronchio-Pneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Walter B. Stewart M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old Bury cemetery

DATE OF BURIAL 26 March 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Allen

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96687 HEALTH DEPARTMENT—CITY OF BALTIMORE 9 D 96687

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 303 S. Fulton Ave St., 19-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Faul

(a) Residence No. 303 S. Fulton Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Faul

6-DATE OF BIRTH (month, day and year) Mar 2nd, 1869

7-AGE, 54 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Becker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Herman Faul

(Address) 303 S. Fulton Ave

15- ROBERT P. KRAUTER, Deputy Health Commissioner.

MAR 25 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 22-25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 13, 19 25, to March 22, 19 25

that I last saw h.. alive on March 22, 19 25

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John L. Hauff, M. D.

, 19 (Address) 1843 W. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park DATE OF BURIAL, Mar 25, 1925

20-UNDERTAKER, Harry A. Witzke ADDRESS 1531 W. Lombard St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96688

CERTIFICATE OF DEATH.

D 96688

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Rosedale Terrace. ST.: 20-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustus Muller

(a) RESIDENCE. No. 402 Rosedale Terrace. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Elizabeth Muller

6 DATE OF BIRTH (month, day, and year) Oct 16, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone mason.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baden (State or country) Germany

10 NAME OF FATHER Joseph Muller

11 BIRTHPLACE OF FATHER (city or town) Baden (State or country) Germany

12 MAIDEN NAME OF MOTHER Adelea Rhein

13 BIRTHPLACE OF MOTHER (city or town) Baden (State or country) Germany

14 Informant Mr Augustus Muller
(Address) 402 Rosedale Terrace

15 Filed MAR 25 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1924 to March 22, 1925, that I last saw h[illegible] alive on March 20, 1925, and that death occurred, on the date stated above, at 7:10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Arteio sclerosis.

Chronic Interstitial Nephritis (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Wilson, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bonnie Brae	Mar 26 19 25
20 UNDERTAKER	ADDRESS
Harry H. Witzke	1531 W. Lombard

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96689 — CERTIFICATE OF DEATH. — 23 D 96689

1-PLACE OF DEATH Church Home & Infirmary — 8-3 — Registered No.

City of BALTIMORE: (No. Broadway & Fairmont St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Miller

(a) Residence No. 1523 N. Milton Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Oct 28th 1911

7-AGE: 13 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer:

9-BIRTHPLACE (city or town). (State or Country): Baltimore Md

PARENTS.
10-NAME OF FATHER: John M Miller
11-BIRTHPLACE OF FATHER (city or town). (State or Country): Balto Md.
12-MAIDEN NAME OF MOTHER: Emily Beckman
13-BIRTHPLACE OF MOTHER (city or town). (State or Country): Balto Md

14-(Informant): John M. Miller
(Address): 1523 N. Mill Milton

15-MAR 25 1925 ROBERT S. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar, 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from March, 18 1925 to Mar, 24 1925, that I last saw h[illegible] alive on Mar, 24th 1925, and that death occurred, on the date stated above, at 9:55 P. M.

The CAUSE OF DEATH* was as follows:

Encephalitis Epidemic

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary): Pleurisy with Effusion Rt

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Laboratory & Autopsy

(Signed) George B Breed M. D.

. 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holly Redeemer — DATE OF BURIAL: 3/25/25

20-UNDERTAKER: Gen. Wilson Son — ADDRESS 2503 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96690 ~~96390~~ 100 001 D 96690

CERTIFICATE OF DEATH

1-PLACE OF DEATH West Baltimore general Hospital REGISTERED NO. 936

CITY OF BALTIMORE: (No. Raynor ave and Druid Hill ave st.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Corelie Goldeisen

(a) RESIDENCE NO. 3706 Clifton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) January 8 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
		2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Carl Goldeisen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Irene Lau

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Carl Goldeisen

(Address) 3706 Clifton ave

15 Filed MAR 25 1925 Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1925

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to March 24, 1925, that I last saw her alive on March 24, 1925, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Heart failure

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) pneumonia

(duration) yrs. mos. 2 weeks

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. R. McCarrell, M. D.

, 19 (Address) West Balt gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arnold Ridgeben	March 27 1925
20 UNDERTAKER	ADDRESS 2235 N Mth
W M Routson	

Spec.—1-1927—M&T—1500 Bks.

1792 00

D 96691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96691

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO. X 49

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Clark

(a) RESIDENCE NO. Jacksonville Fla ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): Jan. 27 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Hugh Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: M. A. Raby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL.

15 Filed MAR 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24 1925

17

I HEREBY CERTIFY, That I attended deceased from March 9 - 1925, to March 24 1925; that I last saw him alive on March 24, 1925, and that death occurred, on the date stated above, at 1 55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Parynx

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 3/21/25

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic

(Signed) H. Mc. Polvogt M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Randolph, Mass.

DATE OF BURIAL: 3/26/1925

20 UNDERTAKER: C. J. Manning & Son - 1938 E. Lafayette

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96692

CERTIFICATE OF DEATH.

D 96692

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST. (WARD)

2-FULL NAME Miss Pauline Etaugh.

(a) RESIDENCE NO. Littlestown Pa ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 2-1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Etaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Venie Sippy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant From Dr. Stewart (Address)

15 Filed ... 19 ... RUTH H. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/2/25, 19..., to 3/25/25, 19..., that I last saw h alive on 3/25/25, 19... and that death occurred, on the date stated above, at 6:30 p m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goiter

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of 3/23/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical and Basal Metabolism

(Signed) E W Stewart, M. D.

, 19 (Address) Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littlestown Pa — DATE OF BURIAL Mar 26 25

20 UNDERTAKER J N Zepp — ADDRESS Littlestown Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96693

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

D 96693

Registered No.....

City of BALTIMORE: (No. Frederick Rd near North Bend St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fredk Leroy Darby

(a) Residence No. Fredk Rd near North Bend St., Ward.....
(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 6/25

7-AGE.	If LESS than 1 day,
....yrs. 2 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edw Darby

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Anna M Jacobi

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) C A Jacobi

(Address) North Bend & Fred Rd

15- MAR 26 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 24/25

17- I HEREBY CERTIFY, That I attended deceased from Mar 9 1925 to Mar 24 1925

that I last saw him alive on Mar 24 1925

and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Cyanosis probably Congenital Heart Disease

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? repeated clinical

(Signed) H. E. Krug M. D

Mar 25, 1925 (Address) 1002 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Olivet Cem	Mar 26 1925
20-UNDERTAKER.	**ADDRESS**
Knell & Son	917 Ward St Balto

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96694 30 D 96694

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Morlack

(a) RESIDENCE NO. 1442 Ward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	46 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co (State or country) Md

PARENTS

10 NAME OF FATHER Henry Morlack

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Eliza ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Lewis Morlack (Address) 1442 Ward St

15 Filed ....., 19.... MAR 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5 1925 to March 22 1925, that I last saw him alive on March 22 1925 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Purulent Meningitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Intestinal + Abdominal wall inflammation — probably actinomycosis (duration) yrs 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) W L Miller M. D.

3/24 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 3/26/25

20 UNDERTAKER Dennis Tarbosi — ADDRESS 916 Eager

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96695

CERTIFICATE OF DEATH.

90 D 96695

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. ~~David Holmes~~ 243 N Pappleton St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Holmes

(Residence in Baltimore: No. 243 N Pappleton ~~45~~ yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	Col	Mar'd

6-DATE OF BIRTH. Dont Know ..... 1.....
(Month) (Day) (Year)

7-AGE. 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Dont Know

11-BIRTHPLACE OF FATHER. (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER. (State or Country) Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C F Donner

(Address) 1631 W. Mulberry St

15-

Filed ..... 192.. .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) Dont Know yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H R Gongal M. D.
(Coroner)

3 24 1925 (Address) 1170 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
W A Cemetery	3/26/25
20-UNDERTAKER.	ADDRESS.
Jno Easton	Pa ave

D 96696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96696

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 13-152 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Marie Ohl

(Residence in Baltimore; No. 1567 Richland St St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	sigle

6-DATE OF BIRTH. March 20 /25 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
.....yrs. .....mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Geo. H. Ohl

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER, Emma Allen

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Ohl

(Address) 1567 Richland St

15- MAR 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25-25 19.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, au
inquiry find that said deceased came to her death
topsy or inquiry.)
on the day stated above.

The CAUSE OF DEATH* was as follows:

Spina Bifida - Malformation

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Cullen M. D.
(Coroner.)

3-25-25 19.. (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Mar. 26 19 25

20-UNDERTAKER.	ADDRESS
Harry W. Ehlen	W. North Ave

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96697

CERTIFICATE OF DEATH.

D 96697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E Layfette Ave. ST., 9-6 WARD)

REGISTERED NO. 159-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James - B. O'Connor.

(a) RESIDENCE No. 1210 E. Layfette Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/21/1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	—	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...do

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER James L. O'Connor.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Catherine E. Kidd

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant (Catherine Kidd. (Address) 1210 E Layfette ave.

15 Filed ....., 19 .....

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-24-1925

17 I HEREBY CERTIFY, That I attended deceased from 3-22-1925 to 3-24-1925 that I last saw him alive on 3-24-1925 and that death occurred on the date stated above at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Failure of Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Fred Johnson M. D.

(Address) 1200 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery.	March 26 1925
20 UNDERTAKER	ADDRESS
Geo. F. Ruth	1735 Harford ave.

Spec.—1-10-21—M&T—1500 Bks.

D 96698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 D 96698

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 N. Wolfe ST. 7 1 WARD)

2-FULL NAME Francis J. Ogle

(a) RESIDENCE NO. 730 N. Wolfe ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ogle

6 DATE OF BIRTH (month, day, and year) Aug 24 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Foundry

(c) Name of employer Facey & Co.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Ogle

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. Margaret Douglas

(Address) 730 N. Wolfe St

15 Filed APR 6 1925 ROGER R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/25 19

17 I HEREBY CERTIFY, That I attended deceased from 3/19/25, 19, to 3/23/25, 19, that I last saw h[illegible] alive on 3/23/25, 19, and that death occurred, on the date stated above, at 9 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. Gage M. D.

3/25 1925 (Address) 1707 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. | DATE OF BURIAL 3/26 1925

20 UNDERTAKER L. A. Moran | ADDRESS 300 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1791 96699

CERTIFICATE OF DEATH.

D 96699

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 10-2 WARD)

REGISTERED NO. 161-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta P. Knighton

(a) RESIDENCE NO. 1212 Wilcox St.; WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 2nd 1905

7 AGE — Years — Months — Days 23 — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Knighton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Kathern Mannion

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 26 1925 RUSSELL R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1925, to March 25, 1925, that I last saw h.e alive on March 25, 1925, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. 23 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Ave Jacobson, M. D.

3/25/25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: March 26, 1925

20 UNDERTAKER: Henry Storck Son — ADDRESS: 1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

96700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 96700

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Fifth ST., No 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Hanus

(a) RESIDENCE NO. 124 S. Fifth ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hanus

6 DATE OF BIRTH (month, day, and year) Sept. 18/1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frank Novack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs. Sophie Ryan

(Address) 246 S. Clinton

15 Filed MAR 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20 - 1925 to March 24 1925

that I last saw her alive on March 24 1925

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frederick Dorn M. D.

(Address) 1 W 9136 Belton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL March 29 1925

20 UNDERTAKER Jos. J. Iden ADDRESS 150 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9670 | CERTIFICATE OF DEATH. | 100-001 D 9670

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Spring St., 10 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorenza Jones

(Residence in Baltimore: No. 812 N. Spring St. St.; 38 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	B	Married

6-DATE OF BIRTH, ... (Month) 3 (Day) 23 (Year) 1873

7-AGE, 52 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon Drivers

9-BIRTHPLACE, (State or Country), York Pa.

PARENTS.

10-NAME OF FATHER, Robert Jones

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Eliza Irvin

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lennie Jones

(Address) 812 N. Spring St

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) 3 (Day) 23, (Year) 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1925, to Mar 23 1925, that I saw h[illegible] alive on Mar 23 1925, and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:

Ch. myocardit

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Lobular Pneumonia

(Duration) yrs. 2 mos. da.

(Signed) J. L. Hemaker M. D.

3/25, 1925. (Address) 733 Asquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	3/26/25 1925
20-UNDERTAKER Byron Wright	ADDRESS 1218 McElderry St

MAR 26 1925 REGISTRAR'S BUREAU

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96702
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

139

D 96702
Registered No.

City of BALTIMORE: (No. St. Joseph Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs. Elizabeth Leonard Koch

(a) Residence No. 2017 E. Eager St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3/11/1881

7-AGE. 44 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). Domestic
(c) Name of employer. None

9-BIRTHPLACE (city or town) (State or Country). N. J.

PARENTS.

10-NAME OF FATHER. Isaac H. Moon

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Florence N. J.

12-MAIDEN NAME OF MOTHER. Elizabeth Snyder

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Trenton N. J.

14-
(Informant) Harry Koch
(Address) 2017 E. Eager St.

15-
MAR 26 1925
Filed ROBERT R. KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 25, 1925.

17- I HEREBY CERTIFY, That I attended deceased from March 23, 1925 to March 25, 1925.
that I last saw her alive on March 25, 1925
and that death occurred, on the date stated above, at 4:40 P.M.
The CAUSE OF DEATH* was as follows:

1. Prolapsus Uteri.
2. Fibroid Uteri.
3. Pelvic Peritonitis.
Erysipelas

(Duration) 2 days

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes. Date of March 24, 1925

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings.

(Signed) B. M. Rhodes M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Trenton N.J.	3/28 1925
20-UNDERTAKER. John Ellwanger	ADDRESS 2008 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96703 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

90 D 96703

1-PLACE OF DEATH

City of BALTIMORE: (No. 2105 McHenry St., 20-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin R Coe

(a) Residence No. 2105 McHenry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jany 25, 1878

7-AGE, 47 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Restaurant owner

(b) General nature of Industry, business, or establishment in which employed (or employer) Self 086

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Easton, Md

PARENTS.

10-NAME OF FATHER, David R. Coe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Easton Md

12-MAIDEN NAME OF MOTHER, Sarah Biery

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Easton Md

14- (Informant) Chas E Coe

(Address) 2105 McHenry St

15- MAR 26 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 25 1925

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1925 to March 25 1925

that I last saw h[illegible] alive on March 24, 1925

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

6

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Heart disease

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

3/25, 1925 (Signed) W D O'Neill M. D

(Address) 108 N Bullitt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Easton Cem Easton, Md

DATE OF BURIAL, March 28, 1925

20-UNDERTAKER, John Hoerry & Son

ADDRESS 901 E Fayette St

Per F J Lowman

Spec.-12-23-21.—E.B.P.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96704

CERTIFICATE OF DEATH.

D 96704

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1137 E. Balto St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Ervin

(a) Residence No. 1137 E. Balto st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Ervin

6-DATE OF BIRTH (month, day and year): Unknown

7-AGE: 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Russia

PARENTS:

10-NAME OF FATHER: Jacob Kashofsky

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Russia

14-

(Informant): Nathan Ervin

(Address) 1137 E. Balto. st

15-

Filed MAR 26 1925, 19... ROBERT N. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 25th 25

17- I HEREBY CERTIFY, That I attended deceased from Feb - 25 19 25 to Mar 25 19 25

that I last saw h alive on Mar - 25 19 25

and that death occurred, on the date stated above, at 10.47 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) 2 yrs. — mos. — ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 18 Mar 25

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic

(Signed) Sw Strauch M. D

3/25 19 25 (Address) 122 W Lee st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Memorial Park

DATE OF BURIAL, 3/27, 19 25

20-UNDERTAKER: H of Limpson & Bro

ADDRESS 1127 E Balto st

Spec—12-23-21—E.B.R.S.—400 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96705

CERTIFICATE OF DEATH.

X 1/3 D 96705

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... John R. Gibson Jr

(a) Residence No. English Consul, Lansdowne, Md Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 22, '24

7-AGE.	If LESS than 1 day.
....yrs. 7 mos. 3 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John R. Gibson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaret Kenner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) John R. Gibson Estate

(Address) English Consul

15- APR 26 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-25-25

17- I HEREBY CERTIFY, That I attended deceased from March 4 19 25 to March 25 19 25

that I last saw him alive on March 25 19 25

and that death occurred, on the date stated above, at 7:05 A.M.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clewell Howell M. D.

19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cedar Hill Cemetery	3/27 1925
20-UNDERTAKER. William Cook	ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

D 96706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96706

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Claremont ST., 26 WARD) REGISTERED NO. 76-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip S Gross

(a) RESIDENCE No. 3505 Claremont ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Gross

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
58	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER John Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Mary Simon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Anna Gross
(Address) 3505 Claremont St

15 Filed MAR 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 24, 1925, to Mar 25, 1925, that I last saw him alive on Mar 24, 1925, and that death occurred, on the date stated above, at 6.50a m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs mos. ½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) E. H. Donolan, M. D.

, 19 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL March 28th 1925

20 UNDERTAKER Lilly & Feiler — ADDRESS 403 S Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96707.

CERTIFICATE OF DEATH.

59-003

D 96707

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Irwin Folding

(a) Residence No. 1918 Madison Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 7 1925

7-AGE.	If LESS than 1 day.
yrs. 2 mos. 18 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. Md (State or Country).

PARENTS.

10-NAME OF FATHER, Irwin Folding

11-BIRTHPLACE OF FATHER (city or town) Md (State or Country),

12-MAIDEN NAME OF MOTHER, Elsie Moore

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14- (Informant) Irvin Folding

(Address) 1918 Madison Ave

15-

Filed , 192 ROGER J. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/24/25

17- I HEREBY CERTIFY, That I attended deceased from 3/18/25, 1925 to 3/24, 1925, that I last saw h. alive on 3/24, 1925, and that death occurred, on the date stated above, at 7:45 P. M. The CAUSE OF DEATH* was as follows:

Acute obstruction Jaundice due to congenital malformation.

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Yes

What test confirmed diagnosis? Clinical

(Signed) Clewell Howell M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Mar 26, 1925

20-UNDERTAKER.	ADDRESS
John J. Fields	1200 W Fayette

MAR 26 1925 Burial Permit Issued

Spec.—1-12-23—M&T—500 Bks.

D 96708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96708

REGISTERED No. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Clark.

(a) RESIDENCE No. 2625 Dulaney St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 10 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and ~~State~~)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Clark.

6 DATE OF BIRTH (month, day, and year) May 25 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer do not know

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " "

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " "

14 Informant Frances Clark. (Address) 2625 Dulaney St

15 Filed MAR 26 1925 19 ROBERT A. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 19 25

17

I HEREBY CERTIFY, That I attended deceased from March 21st, 1925, to March 24th, 1925,

~~that~~ last saw him alive on March 24th, 1925,

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Generalized Arterial Sclerosis

Chronic Nephritis — Uraemia

Unknown (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Drainage Gastric Hotel Abscess

Did an operation precede death? Date of 3/23/25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Herman B Friedman M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wards Chapel Cemetery — DATE OF BURIAL Mar 27 19 25

20 UNDERTAKER P.B. Wright ADDRESS 1850 W Balto St

Spec.—1-10-21—M&T—1500 Blks.

96709

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96709

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Tillman

(a) RESIDENCE NO. 2217 No. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph J. Tillman

6 DATE OF BIRTH (month, day, and year) 1869 Feb 14

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	56	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Mark Naylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sallie McCleary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Frank Haynie (Address) 905 Edgar Road Texas

15 FILED MAR 26 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-26, 1925, to 3-26, 1925.

that I last saw her alive on Mar. 26, 1925.

that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

Brain Abscess resulting from Vincents Spirillum infection of mouth.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Love, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery. DATE OF BURIAL Mar 28 19

20 UNDERTAKER F.B. Wippich ADDRESS 1850 N. Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96710

CERTIFICATE OF DEATH.

57

REGISTERED NO. D 96710

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 E Oliver ST., 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Norkus

(a) RESIDENCE No. 1720 E Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L Norkus.

6 DATE OF BIRTH (month, day, and year) Aug 9. 1863.

7 AGE: Years 61. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Ida Nerdes (Address) 1720 E Oliver

15 MAR 26 1925 19 ROBERT R. KRAUTS Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-20 1925 to 3-25 1925 that I last saw h[illegible] alive on 3-25 1925 and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes — Acute
Lobar Pneumonia
Septicaemia

(duration) 7 yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary) Acute Rheumatism 2 yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F Reg Dennis M. D.

1925 (Address) 1400 Bath Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 3/27 1925

UNDERTAKER Robt F Turner. ADDRESS 1400 N Bolton.

Spec.—1-10-21—M&T—1500 Bks.

96711

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

D 96711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1019 Stiles ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aldo Vachino

(a) RESIDENCE NO. 1019 Stiles ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt
(State or country)

PARENTS

10 NAME OF FATHER John Vachino

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Pholomina Bozzi

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant John Vachino
(Address) 919 Stiles

15 Filed MAR 26 1925, 19 ROBERT R. KRAMER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1925

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to March 25, 1925, that I last saw h— alive on March 25, 1925, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Valentine M. D.

, 19 (Address) 14 So. Bentley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 26 1925
20 UNDERTAKER	ADDRESS
Windell Dippell & Son	378 N

Spec.—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96712

CERTIFICATE OF DEATH.

12 D 96712

1-PLACE OF DEATH St Josephs Hospital

City of BALTIMORE: (No. Caroline & Oliver St., 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Julia F. Wehrmann

(a) Residence No. 34 E. Woodland Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick J. Wehrmann

6-DATE OF BIRTH (month, day and year) Jan 10 86

7-AGE. 39 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Geo. Ruths

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Frederick J. Wehrmann

(Address) 34 Woodland Ave

15-

Filed, 192 ROBERT R. KRAMER Registrar.

MAR 26 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/24/25

17- I HEREBY CERTIFY, That I attended deceased from March 22, 19 25, to March 24, 19 25, that I last saw h. m. alive on March 22, 19 25, and that death occurred, on the date stated above, at 9 P. m. The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes, Date of 3/24/25 Drainage of Gall Bladder

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Systrom, M. D.

, 19 (Address) St Jos Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem — DATE OF BURIAL. 3/27 19 25

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Aliceanna St

Spec.—1-10-21—M&T—1500 Blks.

D 96713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96713

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1734 Aliens ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Edwin B. Boone

(a) RESIDENCE NO. 1734 Aliens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Sadie Boone

6 DATE OF BIRTH (month, day, and year): Aug 17 49

7 AGE: Years 75 Months 7 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Veterinarian

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Himself 086

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John H. Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Sadie Boone

(Address): 1734 Aliens St

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MAR 26 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/24 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch. 10, 1924 to Mch 24, 1925 that I last saw him alive on Mch 24, 1925 and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 4 mos 14 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. under mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. W. Krauter M. D.

3/25, 1925 (Address) 1117 W. 25 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: 3/27 1925

20 UNDERTAKER: Philip Herring

ADDRESS 2016 Aliens

Cor.—1-12-23—M&T—100 Bks.

D 96714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

D 96714

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Morton St. ST., 12-6 WARD)

2-FULL NAME G. Albert Thomas.(C)

(a) RESIDENCE NO 1712 Morton St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yrs. 1 mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) February 24, 1925.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	---	1	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Lloyd Thomas.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mamie Barry.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Mamie Thomas.(C) mother.
(Address) 1712 Morton St.

Filed MAR 26 1925 192.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
Mitral Insufficiency.
congenital.

.....(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

March 25, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 28 1925
20 UNDERTAKER Mrs P. G. Elliott	ADDRESS 325 Ashland Av

96715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 96715

1-PLACE OF DEATH

City of BALTIMORE: (No. 2623 Greenmount Ave St., 9-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank R. Hastings

(Residence in Baltimore: No. 2623 Greenmount Ave St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Mar

6-DATE OF BIRTH. March 15-1855 (Month) (Day) (Year)

7-AGE. 60 yrs. 0 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer): self 050

9-BIRTHPLACE, (State or Country). Alexandria Va.

PARENTS.

10-NAME OF FATHER. Arthur E. Hastings

11-BIRTHPLACE OF FATHER, (State or Country). England

12-MAIDEN NAME OF MOTHER. Addie Prichard

13-BIRTHPLACE OF MOTHER, (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie M. Hastings (wife)

(Address) 2623 Greenmount Ave

15-

Filed ..., 192.... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MAR 26 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 23-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure- Left Pleurisy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Probable Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Haller M. D. (Coroner.)

3-24-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Poplar Hill a Road	March 26 1925

20-UNDERTAKER. E A Windfield ADDRESS 501 E 22 St.

Spec.—1-10-21—M&T—1500 Blks.

96716 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96716

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 23-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wetters Watter

(a) RESIDENCE NO. 916 Bevan St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yr.	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 162

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Wetters

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed MAR 26 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1925

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1925, to March 23 1925, that I last saw him alive on March 23, 1925 and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis, auricular fibrillation, myocardial failure

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + laboratory

(Signed) K. L. Muller, M. D.

3/24/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Mar 27 1925
20 UNDERTAKER	ADDRESS 1034 Monroe
C. H. Holman & Son	

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96717

D 96717

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Dover ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Harris

(a) RESIDENCE NO. 723 Dover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William B Harris

6 DATE OF BIRTH (month, day, and year): — 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress,

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) Chestertown (State or country) maryland

PARENTS

10 NAME OF FATHER John Tilghman

11 BIRTHPLACE OF FATHER (city or town) Chestertown (State or country) maryland.

12 MAIDEN NAME OF MOTHER Grace

13 BIRTHPLACE OF MOTHER (city or town) Chestertown (State or country) maryland.

14 Informant Grace Tilghman (Address) 723 Dover St.

Filed MAR 26 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/21, 1925, to 3/23, 1925, that I last saw her alive on 3/23, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Dr Strauchen, M. D.

3/24, 1925 (Address) 1224 Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tolchester Md

DATE OF BURIAL: 3/26/25

20 UNDERTAKER: Wm Earle

ADDRESS 96 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

D 96718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

D 96718

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 2-1 WARD)

2-FULL NAME Thomas McAuliffe

(a) RESIDENCE NO. 807 S. Broadway ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Cornelius McAuliffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Colbins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Municipal Hospital Records
(Address)

15 Filed MAR 26 1925 AUREL R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to March 25 1925, that I last saw him alive on March 25, 1925 and that death occurred, on the date stated above, at 6.10 a m.

The CAUSE OF DEATH* was as follows:

lobar pneumonia

.....(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY
(Secondary)

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W.L. Miller, M. D.

3/25. 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery — DATE OF BURIAL 3/28/1925

20 UNDERTAKER E. J. Fanning & Son — ADDRESS 1938 Lafayette Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96719

CERTIFICATE OF DEATH.

D 96719

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3007 E. Balto ST.; 1-4 WARD)

2-FULL NAME F. Loomis Landon.

(a) RESIDENCE. No. 3007 E. Balto ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Stock

(b) General nature of Industry, business, or establishment in which employed (or employer) Broker.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Merrick N.Y.

PARENTS

10 NAME OF FATHER Calvin Landon.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Sarah Everett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Ward & Landon
(Address) Elmhurst N.Y.

15 Filed ..... 19 .....
Registrar

MAR 26 1925
ROBERT R. KRAUTER
Clerical Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25- 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 3. 25. to Mar 25- 1925, that I last saw him alive on Mar 25- 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cyanosis. Hemiplegia

(duration) ..... yrs. 1 mos. 28 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Doctor's

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Ray Tinsley M. D.

(Address) 2558 E. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hugh Bridge N.J.	3/27/25
20 UNDERTAKER	ADDRESS
E. Roy Stiffler	120 E North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Clarendon St.; 23 Ward)

REGISTERED NO. 16-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mrs & Mrs John E. Klein

(a) RESIDENCE. No. 1538 Clarendon St.; Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 26/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John E. Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Helen E. Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant. (Address) John E. Klein 1538 Clarendon

Filed Mar 26 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 26 1925 to Mar 26 1925

that I last saw h alive on Mar 26 1925

and that death occurred, on the date stated above, at 7-45 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
8 mo uterogestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ephanetum

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

Mar 26 1925 (Address) 164 W Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Mar 26 1925
20 UNDERTAKER	ADDRESS
Margaret J. Flynn	1411 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96721

D 96721

CERTIFICATE OF DEATH.

REGISTERED NO. 20-3161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 20-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Healey

(a) RESIDENCE NO. 2127 W. Lexington St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21-1925

7 AGE: Years | Months | ~~Days~~ 28 hours | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Ambrose Healey

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Manning

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia (State or country) Pennsylvania

14 Informant Hospital Records

(Address)

15 Filed 26 1925, 19

Robert P. Harrison,

Registrar

Burial (Removal) Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1925

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1925, to Mar 22, 1925, that I last saw him alive on March 22, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 mos)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. W. Buchness, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health,

ADDRESS Per. Wm. E. WOODALL

MAR 26 1925

Spec.—1-12-23—M&T—500 Bks.

D 96722

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96722

CERTIFICATE OF DEATH.

1005001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Keyser ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marco Gholson

(a) RESIDENCE NO. 2010 Keyser ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mamie Gholson

6 DATE OF BIRTH (month, day, and year) July 13 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	31	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brunswick Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mamie Gholson (Address) 2010 Keyser st.

15 Filed 26 1925, 19 Robert R. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24 1925

17 I HEREBY CERTIFY, That I attended deceased from March 19 1925, to March 24 1925, that I last saw h alive on March 24 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wallace Frazier, M. D.

3pd 1925 (Address) 1407 N Gay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brunswick Va

DATE OF BURIAL Mar 27 1925

20 UNDERTAKER Mac R. G. Elliott

ADDRESS 125 Eastland

Spec.—1-10-21—M&T—1500 Blks.

D 96723

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 96723

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Turner

(a) RESIDENCE NO. 1005 Peach Alley WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE — Years: 53 yr. — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jacob Barclay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Douglas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Municipal Hospital Records
(Address)

15 26 1925, 19... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1925, to March 25, 1925,

that I last saw him alive on March 25, 1925,

and that death occurred, on the date stated above, at 3135 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis,
Myocardial failure

(duration) 1 yrs. 5 mos (History) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

3/26 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3-27 1925

20 UNDERTAKER: John H. Foaden — ADDRESS 102 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96724

CERTIFICATE OF DEATH.

D 96724

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 7 WARD) 3-122

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Cole

(a) RESIDENCE NO. 505 N Monford Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Cole

6 DATE OF BIRTH (month, day, and year) Jan - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
70yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Michal Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records (Address)

Filed 6 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1925

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to March 24, 1925.

that I last saw him alive on March 24, 1925

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) yrs. 2 mos (history) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 10yr ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory + autopsy

(Signed) W L Miller M. D.

3/25/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL March 28 1925

20 UNDERTAKER Frank Tracy Son ADDRESS 1916 Orkland

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

D 96725

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96725

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 17 WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Williams

(a) RESIDENCE NO. 528 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Bl.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min. —
	21	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Fredrick Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Southern Pine N.C. 3/26

12 MAIDEN NAME OF MOTHER Carrie Williams 3/26 1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Southern Pine N.C.

14 Informant Emma Williams (Address) North End Catonsville Md

6 1925 Robert P. Harrison, M.D. Registrar

Vital Statistic Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/16, 1925, to 3/23, 1925, that I last saw h[illegible] alive on 3/23, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal peritonitis following full term del.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos E. L. Stone, M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Southern Pine N.C.	3/26 1925
20 UNDERTAKER	ADDRESS 578 N Eutaw St
Sam'l T. Hemsley	

Spec.—1-10-21—M&T—1500 Blks.

D 96726

178882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96726

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 19 WARD) 100

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Darby

(a) RESIDENCE No. 100 N. Bruce St. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 22, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): H

(c) Name of employer: H

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Darby

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Laura Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 6 1925 Robert P. Harrison, Registrar

Deputy Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1925, to March 25, 1925.

that I last saw h alive on March 25, 1925.

and that death occurred, on the date stated above, at 9:50 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. , mos. 5 ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? ~~Otitis~~

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Scott M. D.

3-26-1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL 3/26 1925

20 UNDERTAKER: Samuel D. Hawley

ADDRESS: Belle

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96727

CERTIFICATE OF DEATH.

D 96727

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 N. Broadway ST., 8-49 WARD)

REGISTERED NO. 91-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry D. Robrader

(a) RESIDENCE NO. 1235 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fanny Roberider

6 DATE OF BIRTH (month, day, and year): Sept 1848

7 AGE: Years 76; Months 6; Days 25; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Retired Rabrader

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Savannah Ga

PARENTS

10 NAME OF FATHER: Nathan Roberider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norway

12 MAIDEN NAME OF MOTHER: Rosa Cahff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Savannah Ga

14 Informant (Address): Henry Roberider Mrs Ella B Roberider 1235 N. Broadway

15 Filed 26 1925 19 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/26/ 1925

17 I HEREBY CERTIFY, That I attended deceased from March 18th, 1925, to March 26, 1925, that I last saw h[illegible] alive on March 25th, 1925, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Nathan Roberider John Roberider, M. D.

, 19 (Address) Home Visit.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savannah Ga. DATE OF BURIAL: 3/26/ 1925

20 UNDERTAKER: David Sondheim ADDRESS 718-20 W. Mo Royal Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

(Gort)

D 96728

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96728

CERTIFICATE OF DEATH.

X 109-002

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital Ward) Registered No. 4-3

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Samuel Gorty

(a) Residence No. La Plata Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline Hetherlee

6-DATE OF BIRTH (month, day and year) April 18 1859

7-AGE. 65 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 65

(b) General nature of industry, business, or establishment in which employed (or employer) Physician

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-(Informant) Dr. H. Hart

(Address) Dutton ave Calvert Hall

15- Robert P. Harrison,

Mar 26 1925, 192 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/26/25

17- I HEREBY CERTIFY, That I attended deceased from 3/24/25 to 3/26/25

that I last saw her alive on 3/26/25

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows: Acute Pulmonary Edema

Chronic Interstitial Nephritis K. W. Holley

Peritonsular Abscess

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Incision + drainage of abscess

Did an operation precede death? No Date of 3/24/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Holley M.D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: March 28, 1925

20-UNDERTAKER: John O'Mitchell — ADDRESS: 1201 N. Fayette

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96729

CERTIFICATE OF DEATH.

1934 25

X 16-67

D 96729

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 904 N Fremont St., 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Pitts

(a) RESIDENCE NO. 904 N Fremont ST. Ave WARD Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter 010
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Stafford Hotel

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John Pitts

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Charlotte Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mrs Alice Bastnicle
(Address) 823 Lemmon St.

Filed MAR 26 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by gun-shot wound of head.

5 minutes (duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy, M. D.
(Coroner)

March 25 1925 (Address) 1802 Eden Terrace

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: March 27th 1925

20 UNDERTAKER: Parran Gilchrist — ADDRESS: 864 Cary

Spec–12-23-21–E.B.R.S.–400 Bks.

D 96730 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96730

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2722 Harlem Ave St., 16-3 Ward) Registered No. 16-101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Morgan McClatchy

(a) Residence No. 2722 Harlem Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Dale Route F. McClatchy

6-DATE OF BIRTH (month, day and year) Feb 24 1859

7-AGE. 66 yrs. 1 mos. 0 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Albert G. Collins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, — Swingle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant) Mrs. Edna M. Pearce

(Address) 2722 Harlem Ave

15-

Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 15 1925 to Mar 24 1925

that I last saw h alive on Mar 24 1925

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) John A. Sheppard M. D.

3/26, 1925 (Address) 1219 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL. March 27 1925

20-UNDERTAKER. Jos Joerdens & Son ADDRESS 217 S. Paca

Spec.—1-10-21—M&T—1500 Blks.

D 96731 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96731

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3710 Barrington Rd (St.) 115-1 (WARD)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Johnston Parker

(a) RESIDENCE NO. 3710 Barrington Rd (St.) ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. 4 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thaddeus C. Parker Jr.

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1888

7 AGE Years 36 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Waynesboro Va

(State or country)

PARENTS

10 NAME OF FATHER Philipp E. Johnston

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Lena Shewmake

13 BIRTHPLACE OF MOTHER (city or town) Emporia Va.

(State or country)

14 Informant Mr. Thaddeus C. Parker Jr.

(Address) 3710 Barrington Rd.

15 Filed 26 1925 19 Robert P. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 26, 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-19- 1925 to 3-26 1925 that I last saw h- alive on Mar. 26 1925 and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No-

What test confirmed diagnosis? Clinical

(Signed) James D Johnston M. D.

3-26 1925 (Address) 4012 Pond Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL Mar. 28, 1925

UNDERTAKER W. H. Tuckwell & Son ADDRESS Lorch Va

D 96732

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1216 S. Paca st St. 21-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Schultz

(Residence in Baltimore: No. 1216 S Paca st St. 58 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: February 28 (Day) 1852 (Year)

7-AGE: 73 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country): Germany

PARENTS:

10-NAME OF FATHER: A. Bornemann

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Emma Kaufman

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene M. Schultz

(Address) 1216 S Paca St

15- Filed 3-26 1925 Robert F. Harrison, 192.... Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 25 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....(Inquest, autopsy or inquiry.) find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia

(Duration) about 1 hr. yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) W. H. Forsyth M. D. (Coroner)

3-26 1925 (Address) 717 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Gaudon Park — DATE OF BURIAL: March 28 1925

20-UNDERTAKER: Wm. J. Tieckington — ADDRESS: mott Pa.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 96733

CERTIFICATE OF DEATH.

1925 D 96733

27-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5221 St.Charles Ave. ST.) Arlington (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L.Clem

(a) RESIDENCE NO. 5221 St.Charles Ave. ST., Arlington WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E.Clem

6 DATE OF BIRTH (month, day, and year) Aug.24 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	7	------	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B.&O.Railroad

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

10 NAME OF FATHER John R.Clem

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Hann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Carrie E.Clem
(Address) 5221 St.Charles Ave.

15 Filed 6 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Gunshot Through head accidental

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John Morrissey, M. D.
(Coroner.)

Mar 26 1925 (Address) 502 Reliance

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet, Frederick Md. DATE OF BURIAL: Mar 27 1925

UNDERTAKER: John F Downey ADDRESS: 715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96734

CERTIFICATE OF DEATH.

D 96734

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George H. Rush

(a) Residence No. 408 W. Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6-DATE OF BIRTH (month, day and year) 2-6-1860

7-AGE. 57 yrs. 1 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. 086

(b) General nature of industry, business, or establishment in which employed (or employer) Laboratory Worker

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, G. H. Rush.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Margaret A. Manning

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs. Hoates

(Address) 231 Poplar ave Arlington

15- MAR 27 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/25/25

17- I HEREBY CERTIFY, That I attended deceased from 3/18/25, 19 to 3/25/25.

that I last saw him alive on 3/25/25

and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Bronchio Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) H. W. Goeller M. D.

19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mem. Cathedral	3/28, 1925
20-UNDERTAKER.	**ADDRESS**
I. Frew McCully	130 E. Fort

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96735

CERTIFICATE OF DEATH.

101-D 96735

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 Ward. ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Elizabeth Mollock

(a) RESIDENCE No. 1437 Ward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	~~White~~ Colored.	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Mollock

6 DATE OF BIRTH (month, day, and year) Dec. 25-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~42~~	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Charles Frazer

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant William Mollock

(Address) 1437 Ward

MAR 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1925, to Mar. 23, 1925, that I last saw h[illegible] alive on Mar. 23, 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Wesley Hoag, M. D.

(Address) 224 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	3/27 1925
20 UNDERTAKER Walter B. Spriggs.	ADDRESS 139 W. Hamburg St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-3 | 19 | D 96736 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1300 N. Chester St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Folckemmer

(a) Residence No. 1300 N. Chester St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, Remarried or Divorced, (Write the word.)

5a-If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or) WIFE of Emma Folckemmer

6-DATE OF BIRTH (month, day and year) Mar 24th 1841

7-AGE, 84 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Shrewsbury Pa

PARENTS.

10-NAME OF FATHER, Jacob Folckemmer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Shrewsbury Pa

12-MAIDEN NAME OF MOTHER, Susan Boyer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Shrewsbury Pa

14-

(Informant) C Warner Folckemer

(Address) 1300 N. Chester st

15-

MAR 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 26th 1925

17- I HEREBY CERTIFY, That I attended deceased from June 15 1925 to March 26 1925

that I last saw h[illegible] alive on March 26 1925

and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Nephritis

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) Jefferson Brask M. D.

3/27, 1925 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Shrewsbury Pa — DATE OF BURIAL, Mch 28 1925

20-UNDERTAKER, George Schilling & Sons — ADDRESS 1126 E Monument 20

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96737 CERTIFICATE OF DEATH. D 96737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Lawrence ST., 14 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Hopkins

(a) RESIDENCE NO. 234 Lawrence ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 80 yrs. 0 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hyde Hopkins

6 DATE OF BIRTH (month, day, and year) Mar-2-1845

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) West River a a Co.
(State or country) Maryland.

PARENTS

10 NAME OF FATHER John H. Hopkins

11 BIRTHPLACE OF FATHER (city or town) Anne Aru. Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen R. Carr

13 BIRTHPLACE OF MOTHER (city or town) a a. Co.
(State or country) Maryland

14 Informant Mrs Mary H Hopkins (wife)
(Address) 234 Lawrence St City.

15 Filed MAR 27 1925 ROBERT F. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1925

17 I HEREBY CERTIFY, That I attended deceased from about 6 mos. ago 19 ..... to March 25 1925.

that I last saw him alive on March 24 1925.

and that death occurred, on the date stated above, at 6 2 m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

about 1 yrs. mos. ds.
(duration)

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical signs & symptoms

(Signed) J. H. Schmoll M. D.

March 26 1925 (Address) 2226 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West River - a a Co. Md. DATE OF BURIAL Mar 27 1925

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)
ADDRESS 108 W. NORTH AVE

96738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 96738

City of BALTIMORE: (No. Bay view Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Jacobs

(Residence in Baltimore: No. 536 N Bond St. (yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH.

..... (Month) ..... (Day) 1..... (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer). 074

9-BIRTHPLACE, (State or Country) Anne Arundel Co

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER, (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna B. Redmon

(Address) 536 N Bond

15. MAR 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Probably Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) James M. Fenlon M. D.
(Coroner.)

March 26 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents only.)
At place of death yrs. mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

536 N Bond

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cemetery	March 27, 1925
20-UNDERTAKER.	**ADDRESS**
Mrs Chas H. Bailey	1921 Jefferson St

Spec- 12-23-21- E.B.R.S.-400 Bks.

96739

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 So. Parrish St., 19-2 Ward) Registered No. 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lula Gregory

(a) Residence No. 219 So Parrish St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6-DATE OF BIRTH (month, day and year): Augst 86

7-AGE: 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): at home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): W Va

PARENTS.

10-NAME OF FATHER: Jos Slater

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Eliza Wright

13-BIRTHPLACE OF MOTHER (City or town) (State or Country): Md

14- (Informant) George Slater

(Address) 304 S. Vincent st

15-

Filed MAR 27 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 25-25

17- I HEREBY CERTIFY, That I attended deceased from March 24 1925 to March 25 1925

that I last saw h.er alive on March 25 1925

and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhages of Lungs

Tuberculosis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

+ Complication Diabetes (Duration) 7 yrs. mos 2 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr H W Kennard M. D

3-26 1925 (Address) 708 Eutaw st

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — DATE OF BURIAL: March 28th 1925

20-UNDERTAKER: Geo A Jones — ADDRESS: 111 S Gilmor

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96740 — Registered No. D 96740

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt. St Joseph's College St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Brother Lambert (Francis Wohning

(a) Residence No. Mt. St. Jos. Coll. (Irvington) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 16, 1855

7-AGE. 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Teacher

(b) General nature of industry, business, or establishment in which employed (or employer). 068

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) (College records)

(Address) Mt. St. Josephs

15- MAR 27 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-26-25

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 19 25 to March 26 19 25

that I last saw h— alive on March 25 19 25

and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes What test confirmed diagnosis? Physical findings

(Signed) W. A. Buell M. D

3/26 1925 (Address) Irvington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Catholic Cemetery

DATE OF BURIAL. Mar 28, 1925

20-UNDERTAKER. J. A. Kramer & Son

ADDRESS 703 Hanover

Spec- 12-23-21—E.B.R.S.—400 Bks.

9674E

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96742

CERTIFICATE OF DEATH.

6-13

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1628 Orleans St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Maddox

(a) Residence No. 1628 Orleans St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (~~month, day and~~ year) 1882

7-AGE. 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 670

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Fairmount Md.

PARENTS.

10-NAME OF FATHER, Clark Maddox

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Fairmount Maryland

12-MAIDEN NAME OF MOTHER, Hester Miles

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Fairmount Md

14- (Informant) Susan Anderson

(Address) 1628 Orleans St

15- MAR 27 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 26-25

17- I HEREBY CERTIFY, That I attended deceased from March 26, 1925, to March 26 1925, that I last saw her alive on March 26, 1925, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy +
Tuberculosis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
+ Complication Disease (Duration) yrs. 6 mos. 5 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. L. W. Kennard M. D.

3-26 1925 (Address) 708 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loure cemetery

DATE OF BURIAL. March 28 1925

20-UNDERTAKER. Edward Bryor

ADDRESS 1631 Orleans St

Spec—12-23-21—E.B.R.S.—400 Bks.

96742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96742

1-PLACE OF DEATH

City of BALTIMORE: (No. 1607 Harmon St., 23-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Granger

(a) Residence No. 1607 Harmon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Granger

6-DATE OF BIRTH (month, day and year) 1-19-1866

7-AGE, 59 yrs. 2 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer) Self 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER Henry Wagner

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Ellen Seaman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Virginia

14-Informant Sarah J. Winebrenner

(Address) 1607 Harmon

15-Filed 10

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-25-25

17-I HEREBY CERTIFY, That I attended deceased from Mar 20 19 25 to Mar 25 19 25

that I last saw h. alive on Mar 25 19 25

and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Incompetency

(Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) L. L. L. Campbell M. D.

Mar 26 19 25 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL, 3/28 1925

20-UNDERTAKER Wm Cook ADDRESS 501 E North

CERTIFICATE CORRECTED 4-30-62

D 96743 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96743

CERTIFICATE OF DEATH.

10-101 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St.. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Columbus Trayham~~ Claiborne T. Traynham

(Residence in Baltimore: No. 1224 N. Spring St St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	single

6-DATE OF BIRTH. Unknown (Month) (Day) (Year)

7-AGE. 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Robt. Trayham

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Trayham (wife)

(Address) 1224 N. Spring St

15- MAR 27 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25-25 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to n/s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Prob. Lobar)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. Waller M. D. (Coroner)

3-26-26 1925 (Address) 503 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel	March 28, 1925
20-UNDERTAKER. John W Henderson	ADDRESS 1502 E Monument St

Spec.—1-12-23—M&T—500 Blks.

D 96744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96744

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Mrs. Ozilla Boyd ST., 28-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 3410 Norwood Ave. Howard Pk. City

(a) RESIDENCE No. 3410 Norwood Av ST., ... WARD ..... York Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (01) WIFE of Guy Boyd

6 DATE OF BIRTH (month, day, and year) March 6 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) " " "
(State or country)

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) " " "

14 Informant Mrs. J. H. Roman

(Address) 24 Bonnycastle Ave

MAR 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-15, 1925, to 3-26-, 1925, that I last saw h.. alive on 3-26, 1925, and that death occurred, on the date stated above, at 5½ P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Myocardial Degeneration

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. H. Roman, M. D.

, 19 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York Pennsylvania	3/30 1925
UNDERTAKER William Cook	ADDRESS 502 E Wall

Cor.—1-12-23—M&T—100 Bks.

D 96745

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96745

CERTIFICATE OF DEATH.

11-53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 Calvert Ave. ST., Eighteenth WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Heuz

(a) RESIDENCE No. 2330 Calvert Ave. ST., Eighteenth WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma P. Heuz.

6 DATE OF BIRTH (month, day, and year) July 14, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 161
(b) General nature of industry, business, or establishment in which employed (or employer) R. R. Policeman
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Henry Heuz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca Halsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant H. H. Heuz
(Address) 2330 Calvert Ave. Heights

MAR 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

CONTRIBUTORY (Secondary) Paralysis agitans (duration) 2 yrs. mos ds.

(duration) 3 yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

March 25 1925 (Address) 200 Courtland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Loudon Park	March 27 1925
20 UNDERTAKER George J. Smith	ADDRESS 153 E Hollins St

Spec.—1-10-21—M&T—1500 Bks.

D 96746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-301

D 96746

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospt ST., 21 WARD)

2-FULL NAME Mary Zumgaila ZIVGAILA

(a) RESIDENCE NO. 1009 Bayard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Zivgaila

6 DATE OF BIRTH (month, day, and year) Noknow 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER Feleks Kurilavis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Noknow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Frank Zivgaila
(Address) 1009 Bayard Street

15 MAR 27 1925 ROBERT E. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27th 1925 to March 25th 1925.
that I last saw h-e alive on March 24th 1925.
and that death occurred, on the date stated above, at 8 15 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 weeks dys.

CONTRIBUTORY (Secondary) Pupa Hemorhagia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1009 Bayard St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Examination

(Signed) Samuel Steinberg, M. D.

, 19 (Address) 2302 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: March 28. 1925

20 UNDERTAKER: John Grebliauckas J.G. — ADDRESS: 425 S. Paca St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96747

CERTIFICATE OF DEATH.

15-5-100-001

D 96747

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Chelsea Terrace ST., 15 WARD)

2-FULL NAME Edward Esslinger

(a) RESIDENCE NO. 2908 Chelsea Ter. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Esslinger

6 DATE OF BIRTH (month, day, and year) Jan 11 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pharmacist 5

(b) General nature of industry, business, or establishment in which employed (or employer) 62

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Esslinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helen Schoch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gemany

14 Informant Pauline H. Esslinger
(Address) 2908 Chelsea Terrace

15 Filed MAR 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1925, to Mar. 24, 1925, that I last saw him alive on Mar. 24, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Grant Ward, M. D.

, 19 (Address) 1418 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 27 1925
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. Northave

Spec.—1-10-21—M&T—1500 Bks.

D 96748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 96748

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Edna Randall

(a) RESIDENCE No. Sandstone W. Va. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: 67 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): West Virginia

PARENTS

10 NAME OF FATHER: Harvey Gink

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Eliz Pfeffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant: Record (Address) JOHNS HOPKINS HOSPITAL

15 MAR 27 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to March 27, 1925, that I last saw her alive on March 27, 1925, and that death occurred, on the date stated above, at 1:10 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency, Chr. Myocarditis, Myoc. insufficiency (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sandstone W. Va. — DATE OF BURIAL: 3-27-25

20 UNDERTAKER: William E. Schaffer — ADDRESS: 1816 Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

96749

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

13-6 188-003 D 96749

Registered No. C.....

City of BALTIMORE: (No. Mercy Hospital. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Rosenberg.

(Residence in Baltimore: No. 2428 Callow Ave. St.; yrs. 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. August 24, 1839. (Month) (Day) (1...) (Year)

7-AGE.	If LESS than 1 day,
85 yrs. 7 mos. 1 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer): in silks.

9-BIRTHPLACE, (State or Country). Germany.

PARENTS.

10-NAME OF FATHER. Isaac Rosenberg.

11-BIRTHPLACE OF FATHER, (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Minna Umstatter.

13-BIRTHPLACE OF MOTHER, (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julie Rosenberg.(wife)

(Address) 2428 Callow Ave.

15- Filed MAR 27 1925 ROBERT R. KRAUTER (Registrar)

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 25, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, pelvis and ribs. Accidentally struck and knocked down by an automobile truck while crossing the street. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Rosenbaum M. D. (Coroner)

March 26, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Hopkins Place near Baltimore Sts. 3/25/25

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Bel. Hebrew Con	3/27 1925
20-UNDERTAKER.	ADDRESS
David Southern	1 W. Mt. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17-1 74-001

D 96750 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1150 Myrtle Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Seymore

(a) Residence No. 1150 Myrtle Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Negro

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edward Seymore

6-DATE OF BIRTH (month, day and year): Nov. ? 1834

7-AGE: 90 yrs. 7 mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Co.

PARENTS.

10-NAME OF FATHER: George Derricks

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Rachel Dever

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14-

(Informant): Anne M. Nash (Neice)

(Address): 1150 Myrtle Ave.

15- MAR 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 23/1925

17- I HEREBY CERTIFY, That I attended deceased from March 20 1925, to March 23 1925, that I last saw her alive on March 22 1925, and that death occurred, on the date stated above, at 2:30 am

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(Duration) ? yrs. ? mos. ? ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M.D.

, 19 (Address) 16 18 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Lukes Cem. DATE OF BURIAL, 3/27, 1925

20-UNDERTAKER: Samuel Hemsley ADDRESS: 1718 E Baltimore St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9675E

CERTIFICATE OF DEATH.

12 D 9675E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Huntington Ave.; 12 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Hines

(a) RESIDENCE NO. 2812 Huntington Ave., 12 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. H. Hines-deceased

6 DATE OF BIRTH (month, day, and year) May 10 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel Yingling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Dora H. Lilly
(Address) 2812 Huntington Ave.

15 Filed MAR 27 1925 ROBERT M. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924 to March 25 - 1925 - that I last saw h- alive on March 25, 1925 - and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis Chronic Nephritis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia gradually developing ending in coma death (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination -

(Signed) R. B. Norment - M. D.

3-26-1925 (Address) 3547 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Mar 27 1925

20 UNDERTAKER Ebenezer Sons ADDRESS Eutaw St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96752

CERTIFICATE OF DEATH.

90 D 96752

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 17 E. 21st ST.: 12 - 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Walters

(a) RESIDENCE. No. 17 E. 21st ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Late Mahala Walters

6 DATE OF BIRTH (month, day, and year) July 29 1845

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79.	7.	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs R Lokr
(Address) 126 21st St

15 Filed ..., 19...
MAR 27 1925
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1924, to Mar 26, 1925, that I last saw him alive on Mar 24, 1925, and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:

Ch. Uremia - ch Valvular heart disease

(duration) Several yrs mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/26/25 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Front Royal Va	March 28 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 1917 Chestnut

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96753

CERTIFICATE OF DEATH.

129

D 96753

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 11 E. Heath St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Button

(a) Residence No. 11 E Heath St., Ward.....

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Angeline Button

6-DATE OF BIRTH (month, day and year) Aug 1-1844

7-AGE. 80 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Glassmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, John Button

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. J.

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Dont Know

14-

(Informant) Mrs. Angeline Button

(Address) 11 E. Heath

MAR 27 1925 ROBERT R. KRAUSS, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 26. 1925

I HEREBY CERTIFY, That I attended deceased from Mar 1 1925 to Mar 26 1925

that I last saw him alive on Mar 24 1925

and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Malalaise

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pernicious Nephritis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. [illegible] M. D.

3/26. 1925 (Address) 1 S Marshall St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill. Mar 28 1925

DATE OF BURIAL.

20-UNDERTAKER. Lowe Cook

ADDRESS 502 E Fayette

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

V1-602

D 96754 PLACE OF DEATH

D 96754 REGISTERED NO. C

CITY OF BALTIMORE (No. 408 E. 25th St., St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Reilly

(Residence in Baltimore: No. 408 East 25 St.: 1 yrs. 5 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October 18, (Month) (Day) 1923 (Year)

7-AGE: 1 yrs. 5 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.,

PARENTS

10-NAME OF FATHER: Donald L. Reilly

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.,

12-MAIDEN NAME OF MOTHER: Helen Bracks

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Donald L. Reilly

(Address) 408 E. 25th St.,

15 MAR 27 1925 ROBERT R. KRAMER REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 26, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 4, 1924, to March 26 1925, that I saw h[illegible] alive on March 26, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Convulsions

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Kubisch M. D.

March 27, 1925 (Address) 11 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 1 yrs. 5 mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 3/28 1925

20-UNDERTAKER: Henry W. Moore & Son — ADDRESS: 508 N Calvert St

If very important. See instructions on back of certificate.

Spec– 12-23-21—E.B.R.S.—400 Bks.

D 96755 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 527 S. Chapel St., 7 Ward) 162 7-3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Andryshowski

(a) Residence No. 527 S. Chapel St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 24 1925

7-AGE. ....yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or. ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Andryshowski

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Stella Tuliszewska

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Baltimore

14- (Informant) Mrs Joseph Andryshowski

(Address) 527 S. Chapel St

15- Filed MAR 27 1925 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/27/25

17- I HEREBY CERTIFY, That I attended deceased from March 24 19 25 to March 27 19 25

that I last saw h[illegible] alive on March 27 19 25

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Immediately due to Congestion of lungs)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andrew Kwiatkowski M. D

. 19 (Address) 3589 Eastern Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Rosary — DATE OF BURIAL, March 28 1925

20-UNDERTAKER, John M Weber — ADDRESS 1803 Bank

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96756 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96756

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St. 4 3 1 Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Bolden

(a) Residence No. 667 Raborg st. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1892

7-AGE.	If LESS than 1 day.
32 yrs. mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Glasgon Bolden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Mary ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

11- (Informant) Hospital Records

(Address) M.T.H.

15- R 27 1925 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mch. 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 18 1924 to March 25 1925

that I last saw him alive on March 25 1925

and that death occurred, on the date stated above, at 5.15 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Uknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum, X-ray

(Signed) S B Whaley M D

3-26-, 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	3/27/25
20-UNDERTAKER	ADDRESS
Dan'l Corbi	City

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96757

CERTIFICATE OF DEATH

D 96757

1-PLACE OF DEATH Baltimore, Maryland

CITY OF BALTIMORE: (No.) 1420 Hollins (St.) 19-1 (Ward)

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Patrick Garvan

(a) RESIDENCE. No. 1420 Hollins St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5-186 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 yrs.	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Garvan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Donglue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Wm. Kinsey (Address) 1420 Hollins St

15 Filed MAR 27 1925 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1925

17 I HEREBY CERTIFY, That I attended deceased from March 19th, 1926 to March 26 1925, that I last saw him alive on March 23, 1925, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) 1 week under my Care

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical symptoms

(Signed) J. E. Ourand, M. D.

19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Mar 30 19 25

20 UNDERTAKER George J. Smith

ADDRESS 1532 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96758

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 239 E Franklin St. Pasadena-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Wm Heinze

(a) Residence No. 239 E Franklin St. Pasadena Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? 5 yrs. 6 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year): Sept 20 1919

7-AGE: 5 yrs. 6 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Chas Heinze

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto md

12-MAIDEN NAME OF MOTHER: Estella Gunther

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14- (Informant): Charles Heinze

(Address): 239 E Franklin ave

15- Filed MAR 27 1925 ROBERT R. KRAUTER, Burial Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 25 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1923 to Mar 25 1925

that I last saw h. alive on Mar 24-25 and that death occurred, on the date stated above, at 8:35 P. M.

The CAUSE OF DEATH* was as follows:

Left Sarcoma of Shoulder blade

(Duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) Wm D Carre M. D.

3/25 1925 (Address) Carre & Southern

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cem	March 28 1925
20-UNDERTAKER	**ADDRESS**
Zirkler & Zirkler	1739 E. Eager St.

Spec.-1-10-21-M&T-1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96759

CERTIFICATE OF DEATH.

D 96759

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307-E. Hamburg St., 24-1 WARD)

2-FULL NAME Thomas P. Carey

(a) RESIDENCE No. 307-E. Hamburg ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Carey

6 DATE OF BIRTH (month, day, and year) Mar 25 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Helper

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Patrick Carey

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Catherine Carey
(Address) 307-E. Hamburg

15 MAR 27 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1925

I HEREBY CERTIFY, That I attended deceased from March 15 1925, to March 25 1925,

that I last saw her alive on March 25 1925,

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Beaumont M. D.

19 (Address) 1337 S. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 3/28 1925

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave.

Spec.- 1-10-21 M&T 1500 Mks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96760

CERTIFICATE OF DEATH.

31

D 96760

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 N. Spring ST. 9-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustav Walter

(a) RESIDENCE NO. 1639 N. Spring st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19 1900

7 AGE: Years 24 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Gustav Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Bertha Richter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Gustav Walter (Address) 1639 N. Spring st.

15 Filed MAR 27 1925 RUPERT B. [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925 to Mar. 25, 1925.

that I last saw him alive on Mar. 24, 1925.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of larynx

(duration) yrs mos 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Pulmayness M. D.

3/27 1925 (Address) 2069 E. Preston st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL 3/28 1925

20 UNDERTAKER: George J. Ruth — ADDRESS 1135 Harford Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 9676

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-0B' 9676

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 424 N. Dallas St.: 6-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cherry

(a) RESIDENCE. No. 424 N Dallas St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED Stevedore

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary White
(Address) 424 N Dallas St

15 Filed , 19 Registrar

APR 27 1925 ROBERT R. KRAUTER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to March 25, 1925; that I last saw h... alive on March 25, 1925; and that death occurred, on the date stated above, at 11.20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Burns M. D.

3-26 1925 (Address) 2414 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/29 1925

20 UNDERTAKER: Robert E Williams — ADDRESS: 1675 McElderry St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96762

CERTIFICATE OF DEATH.

46 D 96762

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Roslyn Av ST., 15-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma C. Gorsuch

(a) RESIDENCE No. 2604 Roslyn ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Luther M. Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Sarah E. Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Wilbur H. Gorsuch
(Address) 2604 Roslyn Av

15 FILED MAR 27 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1925, to Mar. 27, 1925, that I last saw her alive on Mar 26, 1925, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Adhesive Pericarditis
Chronic Nephritis
Carcinoma of Uterus
(duration) many yrs. mos wks.

CONTRIBUTORY (Secondary) Arteriosclerosis Myocardial Insufficiency
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll Corkran, M. D.

Mar 27 1925 (Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL: Mt Olivet Cem Md Harford Co

DATE OF BURIAL: MAR 30 1925

20 UNDERTAKER: Geo W Little

ADDRESS 2700 EDMONDSON AVE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96763

CERTIFICATE OF DEATH.

100-201

D 96763

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3348 Gilman Terrace ST., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Henry Stamer

(a) RESIDENCE No. 3348 Gilman Terrace ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 77 yrs. 5 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Flora St. Stamer

6 DATE OF BIRTH (month, day, and year) Oct-1-1847

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
77	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Medicine

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Shippack

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER James Stamer

11 BIRTHPLACE OF FATHER (city or town) Oneida

(State or country) New York

12 MAIDEN NAME OF MOTHER Caroline Downing

13 BIRTHPLACE OF MOTHER (city or town) Oneida

(State or country) New York

14 Informant Mrs Bertha St. Thomas (daughter)

(Address) 3348 Gilman Terrace.

15 Filed MAR 27 1925 ROBERT B. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/25, 1925, to 3/26, 1925, that I last saw h[illegible] alive on 3/26, 1925, and that death occurred, on the date stated above, at 6:5-8 m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

3/27, 1925 (Address) 1403 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Collegeville - Pa. DATE OF BURIAL Mar/28 1925.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

D 96764

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96764

CERTIFICATE OF DEATH.

21-3129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 N Cross. ST., 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes. Gaughan.

(a) RESIDENCE NO. 1106 N Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Anthony Gaughan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Esther May.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Bridget. Gaughan.

(Address): 1106 N Cross St

15 Filed MAR 27 1925, 19 ... Registrar

ADELE F. KRAUTER, Clerk of Orphans' Court

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 1925

17

I HEREBY CERTIFY, That I attended deceased from ..., 1915, to March 26, 1925, that I last saw her alive on March 26, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Endocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.M.

(Signed) Helen S. Nicholson, M. D.

, 19 (Address) 930 N. Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral.	3-30 1925

20 UNDERTAKER: James Dignan & Son

ADDRESS 1000 Pacca St

Spec.—1-10-21—M&T—1500 Blks.

D 96765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-09

D 96765

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1830 Light St. (ST.) 23-2 (WARD)

2-FULL NAME Emanuel C. Utz

(a) RESIDENCE NO. 1830 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Utz

6 DATE OF BIRTH (month, day, and year): Feb. 11 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	48	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Casper Utz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma Lieber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. E. Utz

(Address): 1830 Light

15 7 1925 Robert F. Harrison, Registrar

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1925, to Nov 26, 1925, that I last saw h.. alive on Nov 26, 1925, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) J. Harrison M. D.

(Address) 1701 Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: 3/28 1925

20 UNDERTAKER: J. F. McCully

ADDRESS: 130 E. Fra

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96766

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 211 S. Ellwood St. ..... St., No-6 148 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Grace La Barre .....

(a) Residence No.... 211 S. Ellwood ..... St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. A. La Barre

6-DATE OF BIRTH (month, day and year) July 22, 1886

7-AGE. 38 yrs. 8 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Jacob March

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Mary A. Nuncken

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md.

14- (Informant) Geo. A. La Barre
(Address) 211 S. Ellwood St

15- Mar 27 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar 25/25

17- I HEREBY CERTIFY, That I attended deceased from Mar 24, 1925 to Mar 25, 1925 that I last saw h alive on Mar 25, 1925 and that death occurred, on the date stated above, at 4-30 P.m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Ephemeritan

(Duration) .... yrs. .... mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell, M. D.

Mar 27 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Int. Calvert Cemetery DATE OF BURIAL, March 28 1925

20-UNDERTAKER. Margaret E. Tilghman ADDRESS 1422 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96767

HEALTH DEPARTMENT—CITY OF BALTIMORE D 96767

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2136 S. Charles St., 23 Ward) Registered No. 2

2-FULL NAME Elizabeth F. Creager

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2136 S. Charles St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Creager

6-DATE OF BIRTH (month, day and year) July 14, 1855

7-AGE, 69 yrs. 8 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Ernst

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Caroline Holtzman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Harry Creager

(Address) 2136 S. Charles St

15- Filed 27 1925 192 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 20, 1925 to Mar 20, 1925

that I last saw h[illegible] alive on Mar 24, 1925

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Coroner

(Signed) Lawrence, M. D.

(Address) 1 Randall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Int. DATE OF BURIAL, March 27 1925

20-UNDERTAKER, [illegible] ADDRESS

Margaret Tolzmann Light St

Spec. 1-10-21 M&T 1500 Blks.

96768

HEALTH DEPARTMENT—CITY OF BALTIMORE D 96768

CERTIFICATE OF DEATH. 52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Curley ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella J. Batts

(a) RESIDENCE No. 117 S. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Batts

6 DATE OF BIRTH (month, day, and year) Dec. 17-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	70	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James O. Heird

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George W. Batts

(Address) 117 S. Curley st.

15 Filed ... 1925 ... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 27-1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1925, to Mch. 27th, 19 25 that I last saw h[illegible] alive on Mch. 26-25 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Insanition - Dysphagia

(duration) ... yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick D Herman M.D.

(Address) 913 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wagnesboro Pa. DATE OF BURIAL: Mch. 28 1925

20 UNDERTAKER: Wm. E. Black ADDRESS: 427 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96769 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96769

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 19-31

City of BALTIMORE: (No. 1627 N. Lexington St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa White

(a) Residence No. 1627 N. Lexington St., Ward (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 44/5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F | 4-COLOR OR RACE, Col | 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr 18. 1906

7-AGE. 18 yrs. 11 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Md

PARENTS.
10-NAME OF FATHER William White
11-BIRTHPLACE OF FATHER (city or town) Indiana
(State or Country)
12-MAIDEN NAME OF MOTHER Lelia V. Johnson
13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Md

11- (Informant) Lelia V. White
(Address) 1627 N. Lexington St

15- Filed 1925 Robert F. Harrison, Registrar.
Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 25. 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1924 to March 24 1925
that I last saw h alive on March 24, 1925
and that death occurred, on the date stated above, 5-h. m.
The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis
Duration

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R. L. Chenoweth M. D
March 27, 1925 (Address) 1334 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cemetery — DATE OF BURIAL. Mar. 28, 1925

20-UNDERTAKER, Mrs Katie R. Williams — ADDRESS 322 N. Schroeder St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96770 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96770

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 596 W Preston St., 17-2 Ward) Registered No. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Carroll

(a) Residence No. 596 W. Preston St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Levi Carroll

6-DATE OF BIRTH (month, day and year) Jan 6 1880

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer

9-BIRTHPLACE (city or town) Calvert Co. (State or Country), md.

PARENTS.

10-NAME OF FATHER, Henry Hawkins

11-BIRTHPLACE OF FATHER (city or town) Calvert Co. (State or Country), md.

12-MAIDEN NAME OF MOTHER, Priscilla Brady

13-BIRTHPLACE OF MOTHER (city or town) Calvert Co. (State or Country), md

14- (Informant) Priscilla Brady

(Address) 1056 Argyle Ave

15- Filed 3/27 1925 Edwin P. Harrison Registrar.

Chief Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 25-25

17- I HEREBY CERTIFY, That I attended deceased from March 25 1925 to March 25 1925 that I last saw h alive on March 25 1925 and that death occurred, on the date stated above, at 10.25 P m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 596 Preston St

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Stewart, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, March 29 1925

20-UNDERTAKER, Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9677F

D 9677F

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mount Hope Retreat St. 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Day

(a) Residence No. Mt Hope Retreat St. 25th Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow 44

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr Day

6-DATE OF BIRTH (month, day and year): 1848-1848

7-AGE: 77 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.:

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Upper Marlboro Md.

PARENTS.

10-NAME OF FATHER: Charles Ridgely

11-BIRTHPLACE OF FATHER (city or town) (State or Country): (?) Maryland

12-MAIDEN NAME OF MOTHER: Liz Sandbury

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): (?) Maryland

14-

(Informant) Records of Mt Hope Retreat

(Address) Baltimore Md

15-

Filed 28 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 1882, to March 27, 1925, that I last saw h. alive on March 26, 1925, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Suddenly from

Cardiac Paralysis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 42 yrs. 0 mos. 0 ds.

18-Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Lamery M. D.

, 19 (Address) Mt Hope Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Catholic Cemetery

DATE OF BURIAL, 19: Mar 28 1925

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

D 96772

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96772

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 573 Afford ST., 17-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Jones

(a) RESIDENCE NO. 573 Afford ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of James Edward Jones

6 DATE OF BIRTH (month, day, and year) Jan 12 55

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	–	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jas. Edward Jones 573 Afford St

15 Filed 3/28 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26. 1925

17 I HEREBY CERTIFY, That I attended deceased from March 9th 1925 to March 26th 25

that I last saw her alive on March 20th 1925

and that death occurred, on the date stated above, at 9:50 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Glycosuria

(Signed) H. Lee Cole, M. D.

(Address) 824 Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/28/25

20 UNDERTAKER Daniel Eaton

ADDRESS 916 Pa ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96773 D 96773

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE: (No. On the street at Warner & Lee Sts. St., 17-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Falls.(C)

(Residence in Baltimore: No. 736 Bradley St. St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	Colored	Married.

6-DATE OF BIRTH. Do not know. (Month) (Day) 1..... (Year)

7-AGE. 34 yrs. ---------- mos. ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). South Carolina.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Falls.(C) wife.

(Address) 736 Bradley St.

15- Rec'd 3-28-1925 Robert P. Harrison, 192 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autop (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, au & autopsy find that said deceased came to his death topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage.
Pistol shot wound in the chest.
Homicide.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto T. Reinhardt M. D. (Coroner)

March 26 192 5 (Address) 101 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	3/28/25
20-UNDERTAKER.	ADDRESS
Daniel Easton	Penna ave

Spec– 12-23-21– E.B.R.S.–400 Bks.

D 96774

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1512 E Biddle St., 8-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothea Prundt

(a) Residence No. 1512 E. Biddle St., Ward.....
(Usual place of abode) (If non resident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. — mos. — ds. How long in U. S., if of foreign birth? 66 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND ~~of (or) WIFE~~ of Late William H. Prundt

6-DATE OF BIRTH (month, day and year) April 2nd 1846

7-AGE. 78 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick H. Selm

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Amalia Gunther

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. John Schley

(Address) 1512 E. Biddle St.

15- Robert P. Harrison, 192 Registrar.

MAR 28 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 26 1925

17- I HEREBY CERTIFY, That I attended deceased from January, 1925 to March 26 1925 that I last saw h.er alive on March 26 1925 and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

Amyotrophic Lateral Sclerosis

(Duration) 3½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Home

(Signed) Hubert Latrobe M. D.

March 26 1925 (Address) 1716 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Parkwood Cemetery	March 28, 1925
20-UNDERTAKER.	ADDRESS
Henry Hoen & Son	1301 E Eager St

D 96775 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96775

CERTIFICATE OF DEATH.

10-129

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. 814 Willow St St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. O'Harra

(Residence in Baltimore: No. 814 Willow St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): married

6-DATE OF BIRTH: Feb. 15-1891 (Month) (Day) (Year)

7-AGE: 34 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster (Produce)
(b) General nature of industry, business, or establishment in which employed (or employer): Self 045

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: David J. O'Hara

11-BIRTHPLACE OF FATHER, (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Maria Hayes

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. O'Hara (wife)

(Address) 814 Willow St

15- Robert P. Harrison,

Filed ..... 192.....

MAR 30 1925 Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27-25 (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Chr. Nephritis

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Collen M. D. (Coroner.)

3-28-25 192.... (Address) 503 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	March 30 1925
20-UNDERTAKER.	ADDRESS
Leary Avery Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

D 96776

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96776

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Reservoir ST. 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Catherine Elizabeth Lee,

(a) RESIDENCE NO. 806 Reservoir ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Benjamin F. Lee

6 DATE OF BIRTH (month, day, and year) May 10 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	75	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Davis Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Howard Hall Mary Lee, (Address) 806 Reservoir St.

15 8 1925 Robert F. Carrington, 19 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to March 26, 1925, that I last saw h[illegible] alive on March 26, 1925, and that death occurred, on the date stated above, at 3.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Charles Lee, M. D.

March 26 1925 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery

DATE OF BURIAL Mch 28 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96777

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96777

CERTIFICATE OF DEATH.

2775-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 603 Arlington Ave St., 9th Ward). Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Isenhardt

(a) Residence No. 603 Arlington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Conrad Isenhardt

6-DATE OF BIRTH (month, day and year) Sept 7-1845

7-AGE, 79 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balto

PARENTS.

10-NAME OF FATHER, ? Bloss.

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Dont Know

14- (Informant) Mrs Henry Ehr

(Address) 606 Arlington Ave

15- Filed [illegible] 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/26/1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1925 to March 25, 1925 that I last saw h[illegible] alive on March 24, 1925 and that death occurred, on the date stated above, at 3:20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Paralysis, Respiratory failure, ascertained Cause

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary), Hemiplegia 3d Jan

upon right (Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Irving Miller, M. D.

, 19 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem DATE OF BURIAL, Mar 28, 1925

20-UNDERTAKER. John Ulrich ADDRESS 2008 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96778

CERTIFICATE OF DEATH.

D 96778

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4148 Belair road (St.) 27-13 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alice Gosh

(a) RESIDENCE NO. 4148 Belair Rd St., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William B Gosh

6 DATE OF BIRTH (month, day, and year) 3/6/1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	00	-	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)-

PARENTS

10 NAME OF FATHER John Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mr W B Gosh

(Address) 4148 Belair road

15 Filed 3/28 1925, 19..... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1924 to Mar 26, 1925.

that I last saw her alive on Mar 26, 1925.

and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Abscess

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm B Corse, M. D.

(Address) Corse & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Mar 30 1925

20 UNDERTAKER John Ulrich

ADDRESS 210 E Preston

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96779 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96779

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 437 Evesham ave (St.) 27-7 (Ward) 76

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Agnes Grafton.

(a) RESIDENCE. No. 437 Evesham ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred all life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Lee Grafton

6 DATE OF BIRTH (month, day, and year) Oct. 12-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Juniata Co, Pa.
(State or country)

PARENTS

10 NAME OF FATHER Isaac Barnes.

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown.
(State or country)

14 Informant John W Grafton
(Address) 437 Evesham ave. Balto Md

15 Filed MAR 28 1925 19 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1925, to Mar. 27, 1925, that I last saw her alive on Mar 26, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Gen Paralysis (Insane)

(duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Haen M. D.

3-27 1925 (Address) 5600 York Rd Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harford Baptist Church Harford Co md.

DATE OF BURIAL: March 29 1925

20 UNDERTAKER: W M Routson

ADDRESS 2235 N North.

Spec.—1-10-21—M&T—1500 Bks.

D 96780 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96780

CERTIFICATE OF DEATH. 21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1212 Park Ave ST. 11-1 WARD)

2-FULL NAME Nellie Finney

(a) RESIDENCE NO. 1212 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. Finney

6 DATE OF BIRTH (month, day and year): Sept 26 1900

7 AGE: Years 24 Months 6 Days one. If LESS than 1 day,... hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: H. wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Culpeper Co Va

PARENTS

10 NAME OF FATHER: Alexander Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Benj Finney 1212 Park ave

15 Filed 28 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25 1925

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to March 25, 1925.
that I last saw h[illegible] alive on March 24, 1925.
and that death occurred, on the date stated above, at 5.40 a m.
The CAUSE OF DEATH* was as follows:

Acute Pneumonia Right Lung

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) X [illegible], M. D.
, 19 (Address) 1212 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 3-28 1925

20 UNDERTAKER: John H. Loadman — ADDRESS: 1217 Druid Hill ave

TION is very important. See instructions on back of certificate.

D 96781

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 13-29 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loutie Alvine Robertson

(Residence in Baltimore: No. 2101 Linden Ave St.; yrs., 0 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. March (Month) 19 (Day) 1925 (Year)

7-AGE. 0 yrs. 0 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE. (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER. Geo. S. Robertson

11-BIRTHPLACE OF FATHER. (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER. Loutie Meissel

13-BIRTHPLACE OF MOTHER. (State or Country) Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo S Robertson (father)

(Address) 2101 Linden Ave.

15-

Filed 3 1925 192.....

Robert P. Harrison,
Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 27 (Day) -25 (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus-Sinus Thrombus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pemphigus Neonatorium

(Duration) ....yrs. ....mos. ....ds.

(Signed) J S H Cotter M. D
(Coroner)

3-28-25 192... (Address) 508 E. north Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death 0 yrs. 0 mos. 1 ds. In the State 0 yrs. 0 mos. 8 ds.

Where was disease contracted, if not at place of death? ? ? ? ? ?

Former or usual residence 2101 Linden Ave

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery DATE OF BURIAL. Mar-28-1925

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

D 96782

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96782

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 15-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lind

(a) RESIDENCE NO. 1730 Dukeland St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 180

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Olide Lind

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records
(Address)

3/28 1925, 19 Robert F. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17

I HEREBY CERTIFY, That I attended deceased from March 26, 1925, to March 27, 1925,

that I last saw him alive on March 26, 1925

and that death occurred, on the date stated above, at 12:30 p m.

The CAUSE OF DEATH* was as follows:

Bronchpneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Chronic ?
Nyocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller, M. D.

3/27/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 30 1925

20 UNDERTAKER: George J Smith — ADDRESS: Holbrook

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96783 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96783

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 206 S. Calhoun Street St., 19-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... William J. McCurdy .....

(a) Residence No. 206 S. Calhoun Street St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Florence V. McCurdy

6-DATE OF BIRTH (month, day and year) Dec. 26, 1870

7-AGE, 54 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Watchman 162

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Hearst Publishing Co.

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, John McCurdy

11-BIRTHPLACE OF FATHER (city or town) Elkridge, Baltimore (State or Country) County, Maryland

12-MAIDEN NAME OF MOTHER, Whiteside

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Florence V. McCurdy

(Address) 206 S. Calhoun Street

MAR 28 1925 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from 1/30/25, 19.., to 3/27/25, 19.., that I last saw him alive on 3/25/25, 19.., and that death occurred, on the date stated above, at 2 25 p.m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Chr. Sub. Nephritis

(Duration) ... yrs. ? mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3-27 1925 (Address) 37 S. Stricker Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Mar 30 19 25

20-UNDERTAKER: Jos. L. B. Cook ADDRESS: 1003 N. Bulto

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96784

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96784

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1311 Bryant St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Fraser

(a) Residence No. 1311 Bryant St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6-DATE OF BIRTH (month, day and year) 1856

7-AGE, 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... at Home

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Tyler.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Josh Fraser

(Address) 1311 Bryant St

15- Filed ..... 192 Robert P. Harrison, Registrar.

28 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/24/24

17- I HEREBY CERTIFY, That I attended deceased from June, 1920, to March, 1924, that I last saw him alive on 3/25/24, 19..., and that death occurred, on the date stated above, at 11:30 P. m. The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ... yrs. 3 mos. ... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Howard Davis, M. D.

, 19 (Address) 22 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Mar 29, 1924
20-UNDERTAKER.	ADDRESS.
J. Mc R. C. Ellis	1745 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

D 96785

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 25 ST., 7 WARD)

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Eleanor Hixson

(a) RESIDENCE NO. 600 Patapesco Ave. Brooklyn ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Hixon.

6 DATE OF BIRTH (month, day, and year) July 16, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Mr Geo. Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Joyner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Patient herself

(Address)

15 FILED 28 1925 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1924, to March 27, 1925, that I last saw her alive on March 27, 1925, and that death occurred, on the date stated above, at 1:25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum with Broad Ligament.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Feb 29

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Jno A Tompkins, M. D.

, 19 (Address) 1 Mt Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL March 30 1925

20 UNDERTAKER Mr. Mrs N S Emack — ADDRESS 1737 N Pratt St

Burial Permit Clerk

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96786

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1703 N. Monroe St. (Ward) 15-63

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Kaufman

(a) RESIDENCE. NO. 1703 N. Monroe ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

* Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Isaac Kaufman

6 DATE OF BIRTH (month, day, and year): Dec. 29, 1858.

7 AGE: Years 66; Months 2; Days 26. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Hull, England

PARENTS

10 NAME OF FATHER [redacted]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Rebecca Bernstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Fred Coblenzer 1703 N. Monroe St

15 MAR 26 1925 Robert P. Harris, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 27 1925

17 I HEREBY CERTIFY, That I attended deceased from 12-12- 1924 to 3-27- 1925 that I last saw h[illegible] alive on 3-26- 1925 and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary) Toxaemia.

(duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. A. Bowden, M. D.

3/29 1925 (Address) 1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetery — DATE OF BURIAL: March 29/ 1925

20 UNDERTAKER: J. Ahrens & Co — ADDRESS: 3316 Eastern.

Burial Permit Clerk.

Spec–12-23-21–E.B.R.S.—400 Bks.

D 96787

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96787

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ole Haaland

(a) Residence No. cor. Broadway & Thames st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1900

7-AGE. 24 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Norway

PARENTS

10-NAME OF FATHER, Yeon Haaland

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Norway

12-MAIDEN NAME OF MOTHER, Anna Hansen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Norway

14- (Informant) Hospital Records

(Address) M.T.H.

15- Registrar.

28 1925

Robert P. Harrison,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch. 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from December 5 1924 to Mch. 26 1925

that I last saw him alive on Mch. 26 1925

and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) J. D. White, M. D.

3-26-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lindenberg Cemetery

DATE OF BURIAL. March 28, 1925

20-UNDERTAKER Robt. Turner Mc

ADDRESS Howard

Spec.—1-10-21—M&T—1500 Bks.

D 96788

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96788

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Garrison Ave ST.) 15-5 100-00 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Caroline Marsh

(a) RESIDENCE No. 2200 Garrison Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Marsh

6 DATE OF BIRTH (month, day, and year) Dec. 29-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER F. Jos. Steiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER M. Elizabeth French

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Geo. T. Marsh (Address) 2200 Garrison Ave

15 Filed 8 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1925, to Mar. 27, 1925; that I last saw h[er] alive on Mar. 26, 1925; and that death occurred, on the date stated above, at 12 15 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Condon, M. D.

(Address) 750 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Mar 30 1925
20 UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	N. Y & Pa

Spec.—1-10-21—M&T—1500 Blks.

D 96789

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96789

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST., 17 WARD) — 38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearlie Davis.

(a) RESIDENCE No. 813 Frazier ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, ~~Widowed, or Divorced (write the word)~~: married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Davis

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore 074

(b) General nature of industry, business, or establishment in which employed (or employer): Carriage.

(c) Name of employer: Unknown. Richmond Co. Va.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Ethel Davis (Address) 817 Frazier St.

15 Filed ..... 19 25 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 7 1925 to Mar 27 1925

that I last saw h— alive on Mar. 25 1925

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Coma (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W— T. Carr, M. D.

Mar 27 1925 (Address) 515 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va

DATE OF BURIAL: 3/28 1925

20 UNDERTAKER: Samuel T. Hensley & Biddle

ADDRESS 578

MAR 28 1925 Burial Permit Issued

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96790

CERTIFICATE OF DEATH.

4 129 D 96790

4-1

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Reese

(a) RESIDENCE NO. Westminister ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Elizabeth A Reese

6 DATE OF BIRTH (month, day, and year) ~~1849~~ Nov 1

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	75	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer) 71

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) ~~1850~~ Maryland.

PARENTS

10 NAME OF FATHER William Reese

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Yingling

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14 Informant J F Reese
(Address) Westminster Md

15 Filed MAR 29 1925 1925 ROBERT B. KRAMER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1925, to Mar. 28, 1925, that I last saw him alive on Mar. 28, 1925, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

Chronic nephritis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Buchanan, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J H Routson — DATE OF BURIAL March 30 1925

20 UNDERTAKER Westminster Md — ADDRESS 223 N Smith

Spec.—1-10-21—M&T—1500 Bks.

D 96791 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96791

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 mosher ST., 167 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Venture

(a) RESIDENCE NO. 1012 mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of June 27th 1920

6 DATE OF BIRTH (month, day, and year)

7 AGE 4 Years | Months 5 | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 00

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Maryland

PARENTS

10 NAME OF FATHER Elam Venture

11 BIRTHPLACE OF FATHER (city or town) Charlotte (State or country) Virginia

12 MAIDEN NAME OF MOTHER Anna Watson

13 BIRTHPLACE OF MOTHER (city or town) Charlotte (State or country) Virginia

14 Informant Elam Venture (Address) Charlottesville Va

15 Filed MAR 29 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 1925

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1925, to March 27, 1925, that I last saw him alive on March 27, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Edw. J. Wheatley M. D.

3/28 1925 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crastottesville Va — DATE OF BURIAL 3/28 1925

20 UNDERTAKER James R Saunders & Bro — ADDRESS 578

96792 E.P.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 96792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4002 Ayresdale St., 15-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Goldie P Fine

(a) Residence No. 4002 Ayresdale St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Fine

6-DATE OF BIRTH (month, day and year) 1886

7-AGE.	If LESS than 1 day,
39 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 037
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Nathan Lerner

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Rudel Reich

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14-
(Informant) Joseph Fine
(Address) 4002 Ayresdale

15-
MAR 23 1925 ROBERT R. KRAMER
Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-28-25

17. I HEREBY CERTIFY, That I attended deceased from May 10 1925 to Mar 26 1925
that I last saw h[im] alive on Mar 26 1925
and that death occurred, on the date stated above, at 12 a.m.
The CAUSE OF DEATH* was as follows:

Cardiac Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) yrs. mos. / ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

3/29, 1925 (Address) 733 Argyle St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Beth Jacob Cem.	3-29 1925

20-UNDERTAKER.	ADDRESS
Joseph Lewis	1439 E Balt St

D 96793

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH In front of 15-98 Registered No. C.....

City of BALTIMORE: (No. 3620 Springdale Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac L. Emanuel

(Residence in Baltimore: No. 3513 Springdale Ave., 39 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

6-DATE OF BIRTH: ~~Unknown~~ about 1859 (Month) (Day) (Year)

7-AGE: 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Soloman Emanuel

11-BIRTHPLACE OF FATHER, (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Sol Emanuel

(Address) 406 Calvin Ave., Waverly

15-

Filed ..... 19..

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Kennedy M. D. (Coroner)

March 27 1925 (Address) 702 Eutaw Pl City

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mehren Southern Ave DATE OF BURIAL: 3-29 1925

20-UNDERTAKER: Joah Lewis ADDRESS: 1434 E Baltimore

MAR 29 1925 HERBERT R. KRAUTER, Burial Permit Clerk

Spec.—1-12-23—M&T—500 Blks.

D 96794

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96794

CERTIFICATE OF DEATH.

5-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., WARD)

2-FULL NAME Joseph Weiner Weiner

(a) RESIDENCE NO. 1122 E. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Weiner Mrs. Ida ~~Weiner~~

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery

(b) General nature of industry, business, or establishment in which employed (or employer) 934

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Mrs. Ida Weiner (Address) 1122 E. Fayette St

15 Filed MAR 29 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1925

17

I HEREBY CERTIFY, That I attended deceased from March 25th, 1925, to March 28th, 1925, that I last saw him alive on March 28th, 1925, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Oesophagus

(duration) — yrs. 7 mos — ds.

CONTRIBUTORY (Secondary) Starvation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Clarence Olm M. D.

3/28 1925 (Address) 1619 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel — DATE OF BURIAL 3/29 1925

20 UNDERTAKER Jack Lewis 1434 — ADDRESS Same

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

96795

CERTIFICATE OF DEATH.

14-138 D 96795

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Dickerson

(a) RESIDENCE NO. 1514 Penna Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female — 4 COLOR OR RACE: colored — 5 Single, Married, Widowed, or Divorced. (write the word): ?

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 0 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Municipal Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1924, to March 25, 1925, that I last saw h[illegible] alive on March 25, 1925 and that death occurred, on the date stated above, at 10:25 P m.

The CAUSE OF DEATH* was as follows:

Syphilis, Cerebral Thrombosis (rt. hemiplegia)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller M. D.

3/26/25 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 3/28/25

20 UNDERTAKER: Daniel Esher

ADDRESS: 916 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96796

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001

D 96796

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2214 Huntis St ST., 12-3 WARD)

2-FULL NAME Chas. W. Cooper

(a) RESIDENCE NO. 2214 Huntis St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE: Years 52; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Rebecca White (Address) 2214 Huntis St

15 Filed MAR 23 1925, 19 Registrar

ROBERT R. KRAUTER, Chief Bureau Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1925, to March 27, 1925, that I last saw him alive on March 27, 1925, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exams

(Signed) Lily Hall, M. D.

, 19 (Address) # 26623 Dept.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 3/30/25

20 UNDERTAKER: Daniel Carson

ADDRESS: 716 Dallas

Spec.—1-10-21—M&T—1500 Bks.

96797

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 96797

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Whitt ST., Jackson WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [illegible] William Howard Jaetzy

(a) RESIDENCE NO. 1811 Whitt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25, 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER James Jaetzy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER Hattie Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co Md

14 Informant Hattie Wallace (Mother) (Address) 1811 Whitt St

15 Filed MAR 29 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17

I HEREBY CERTIFY, That I attended deceased from March 25 1925 to March 27 1925 that I last saw him alive on March 24 1925 and that death occurred, on the date stated above, at 5.25 P. m.

The CAUSE OF DEATH* was as follows: —

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home of Deceased

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 19 (Address) 1810 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/30/25

20 UNDERTAKER David Easton

ADDRESS 916 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

D 96798 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-001 D 96798

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 N. Belnord ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Sweeney

(a) RESIDENCE NO. 615 N. Belnord ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Loretta Sweeney

6 DATE OF BIRTH (month, day, and year): Feb. 2 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Sweney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Greavy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs Loretta Sweeney 615 N. Belnord

15 Filed ..... 19 ..... Registrar

MAR 29 1925 ROBERT B. KRAUTER, CHIEF REGISTRAR, BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-26 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-18 1925 to 3-26 1925 that I last saw h[illegible] alive on 3-26 1925 and that death occurred, on the date stated above, at 6:35 m.

The CAUSE OF DEATH* was as follows:

Lafuenza

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Grimes Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. Friedrich M. D.

(Address) 606 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cath	March 30-1925
20 UNDERTAKER	**ADDRESS**
F Roland Hett	156 N Eutaw

Spec.—1-10-21—M&T—1500 Blks.

D 96799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-1 179

D 96799

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 4-1 WARD)

2-FULL NAME Fred Lee

(a) RESIDENCE NO. 744 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Lee

6 DATE OF BIRTH (month, day, and year) June 25, 1852

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) N. Y.

PARENTS

10 NAME OF FATHER Byron Lee

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Lucy Warner

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) N. Y.

14 Informant Hospital Records (Address) Colonial Hospital

15 Filed ....., 19.... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1925, to May 26, 1925, that I last saw h[illegible] alive on May 26, 1925, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Uraemia with coma

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hypertrophied prostate

(duration) 4 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical data

(Signed) I. E. Szucs, M. D.

3/27, 19 25 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cem

DATE OF BURIAL 3/30 1925

20 UNDERTAKER Robert T. Turner

ADDRESS [illegible] Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

96800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96800

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 S. Linwood Ave. St.; 16-7 Ward)

2-FULL NAME Helena Slater

(a) RESIDENCE. No. 3924 Fait ave. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Married~~

6 DATE OF BIRTH (month, day, and year): ~~Sept~~ 1842.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83.	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General natore of Industry, business, or establishment in which employed (or employer): at home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: C E Slater
(Address): 3924 Fait ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/27 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/25, 1925 to 3/27, 1925 that I last saw h.er alive on 3/26, 1925 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Farrell M. D.

3/28 1925 (Address) 633-5-34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cem.	3/29 1925

20 UNDERTAKER: Robert F Turner

ADDRESS: 1440 Broadway.

Spec.—1-10-21—M&T—1500 Bks.

Vol. Vault 546 24 . 36

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96801

CERTIFICATE OF DEATH.

D 96801

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3627 Elm Ave ST., 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Burrier

(a) RESIDENCE NO. 3627 Elm Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Robert E Burrier

6 DATE OF BIRTH (month, day, and year): May 22-1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Lovell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Jane A Cushing

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Jesse R. Burrier

(Address) 3627 Elm Ave

15 Filed MAR 29 1925, 19 ..... Registrar

RECEIVED H. KRAUTER, MUNICIPAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 28 1925.

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1925, to Mar 28, 1925, that I last saw h[illegible] alive on Mar 27, 1925, and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis and Arterio-sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

3/29, 1925 (Address) 846 W 36 St. Phone

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: 3/31/25

20 UNDERTAKER: William Cole — ADDRESS: 552 E N

Spec.—1-10-21—M&T—1500 Blks.

D 96802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 D 96802

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Klaburner

(a) RESIDENCE NO. 1441 N Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? /e yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Klaburner

6 DATE OF BIRTH (month, day, and year): March 4, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	—	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 137

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Olaf Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lee Klaburner

(Address): 1441 N Fulton Ave

15 Filed MAR 29 1925 19.. ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 19, 1925, to Mar 27, 1925, that I last saw her alive on Mar 27, 1925, and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix uteri

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of the heart (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 3/23/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) I. L. Szwes, M. D.

, 19 (Address) Colonial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: 3/31/25 19..

20 UNDERTAKER: W. H. Cook — ADDRESS: 532 E Fayette

Spec.—1-10-21—M&T—1500 Blks.

96803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96803

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 6-2 WARD)

2-FULL NAME Jennie Fritsch

(a) RESIDENCE NO. 207 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Fritsch

6 DATE OF BIRTH (month, day, and year) Apr 1, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59 yr.	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Hartman

11 BIRTHPLACE OF FATHER (city or town) England (State or country)

12 MAIDEN NAME OF MOTHER Theresa Hartman

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17

I HEREBY CERTIFY, That I attended deceased from March 26, 1925, to March 27, 1925, that I last saw her alive on March 27, 1925 and that death occurred, on the date stated above, at 8 00 m

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis

myocardial insufficiency

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W.L. Miller M. D.

3/28/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Mar 31 1925

20 UNDERTAKER J.M. Cook ADDRESS 502 E Fort Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96804

CERTIFICATE OF DEATH.

D 96804

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hosp St., 15-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs. Mary Nargi

(a) Residence No. 2913 Reynolds St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Alex Nargi

6-DATE OF BIRTH (month, day and year) April 1- 1880

7-AGE. 44 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Italy

PARENTS:

10-NAME OF FATHER. Niccola Vallario

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Louisa Saccardi

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Italy

14- (Informant) Alex Nargi

(Address) 2913 Reynolds Ave

15- FILED MAR 29 1925 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-28-25

17- I HEREBY CERTIFY, That I attended deceased from Mar 17 19 25 to Mar 28 19 25

that I last saw h.. alive on Mar 28 19 25

and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lemandagic Nephritis

Hypostatic

(Duration) 9 mos. 14 ds.

CONTRIBUTORY (Secondary) Nephritis & Cystitis

(Duration) 7 yrs. mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys & Clin Facts

(Signed) Earl Englert M. D.

, 19 (Address) St Josephs Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral — DATE OF BURIAL. Mar 31 19 25

20-UNDERTAKER. W. H. Cook — ADDRESS 502 E Monument

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96805

CERTIFICATE OF DEATH.

238 D 96805

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Municipal Hospital or Deborah 1 WARD) 2

2-FULL NAME Deloras Handy

(a) RESIDENCE No. 911 N. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: 52?

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ?

(b) General nature of industry, business, or establishment in which employed (or employer): 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ?

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Municipal Hospital Records

(Address)

15 Filed MAR 28 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 1925

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1925, to March 26, 1925, that I last saw her alive on March 26, 1925 and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

Syphilis, cerebral thrombosis (right hemiplegia)

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W L Miller, M. D.

3/27/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: March 30 1925

20 UNDERTAKER: Mrs Jas. H. Dennis per T. E. Kelson — ADDRESS: 1303 Preestman St

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96806 — 11-002 — D 96806

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1709 Etting St. 14-1 Ward) Registered No.

2-FULL NAME Naaman Bowman

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

(a) Residence No. 1709 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 11, 1923

7-AGE. 1 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Md

PARENTS.

10-NAME OF FATHER William Bowman

11-BIRTHPLACE OF FATHER (city or town) South Carolina
(State or Country),

12-MAIDEN NAME OF MOTHER Jane Pegues

13-BIRTHPLACE OF MOTHER (city or town) South Carolina
(State or Country),

14- (Informant) William Bowman

(Address) 1709 Etting St

15- Filed MAR 29 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 21, 1925 to March 29, 1925

that I last saw him alive on March 27, 1925

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 8 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Garland Chunn M. D.

March 28, 1925 (Address) 1534 E. Hoffman

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	3/30, 1925
20-UNDERTAKER. Mrs Jas H. Dennis	ADDRESS 1303 Pressman St

Per J. E. Kelson.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96807

CERTIFICATE OF DEATH.

37

D 96807

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2705 Boone ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chassie E. Sapp

(a) RESIDENCE No 2705 Boone ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Sapp

6 DATE OF BIRTH (month, day, and year) Nov 27, 1887.

7 AGE	Years	Months	Days	If LESS than 1 day,.... hrs. or.....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Kate Crist

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Elizabeth Moore

(Address) 136 N. Bradford st.

15 Filed MAR 29 1925, 19 ROBERT B. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1925

17 I HEREBY CERTIFY, That I attended deceased from March 16th, 1925, to March 28th, 1925 that I last saw h or alive on March 27th, 1925 and that death occurred, on the date stated above, at 9:10 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

F. Miscarriage

(duration) — yrs. — mos 13 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? yes - Microscope

(Signed) A. Monty Conner M. D.

3-28-1925 (Address) 1900 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 31 1925
20 UNDERTAKER	ADDRESS
Chas. S. Black	742 W Pratt ave

Spec.—1-10-21—MAT—1500 Blks.

D 96808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96808

1-PLACE OF DEATH Colonial Hosp. 18-191-007

CITY OF BALTIMORE: (No. M. Mount ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence P. Higdon

(a) RESIDENCE NO. 405 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Higdon

6 DATE OF BIRTH (month, day, and year) Oct 18th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cincinatti (State or country) Ohio

PARENTS

10 NAME OF FATHER David Conell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER —Lacy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mary A. Johnson (Address) 407 N. Carey St

15 Filed MAR 29 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 28 March 1925

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to March 28, 1925, that I last saw her alive on March 28th, 1925, and that death occurred, on the date stated above, at 5h. P. m.

The CAUSE OF DEATH* was as follows:

senility

arteriosclerosis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) inanition

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? clinical + autopsy

(Signed) J. L. Szucs, M. D.

, 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	March 30 1925
20 UNDERTAKER	ADDRESS
Chas. H. Black	1420 W. North ave.

Spec.—1-10-21—M&T—1500 Blks.

96809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 96809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Tivoly ave ST., 9-2 WARD)

2-FULL NAME Anna E. Kerler

(a) RESIDENCE NO. 2730 Tivoly ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? 79 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles F. Kerler

6 DATE OF BIRTH (month, day, and year) Dec 27, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	3	1	

8 OCCUPATION OF DECEASED At home

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Dreischmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katharine Stockhausen

(Address) 2730 Tivoly ave

15 Filed AUG 29 1925 ROBERT L. GRADEL, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to date of death that I last saw h e alive on March 28, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Death was due to
Cerebral hemorrhage
of indefinite (duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles Lee Davis, M. D.

, 1925 (Address) 824 W. Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/31, 1925

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1734 Eager st

D 96810

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96810

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3326 Fleet St., 26-2 Ward) 197

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Giordano

(Residence in Baltimore: No. 3326 Fleet St.) (19 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: ..... (Month) ..... 1..... (Day) ..... (Year)

7-AGE: 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Own Shop

9-BIRTHPLACE, (State or Country): Italy

PARENTS.

10-NAME OF FATHER: Michael Giordano

11-BIRTHPLACE OF FATHER, (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Libutza DeLuzio

13-BIRTHPLACE OF MOTHER, (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew Giordano

(Address) 2154 Seymour Av. New York

MAR 30 1925

MAR 29 1925

ROBERT R. KRAUTER, Registrar,
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Coming death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet Wound Thoracic Aorta.
Homicide

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage in Chest Cavity

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D.
(Coroner)

Mar 27 1925 (Address) 708 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Pikesville DATE OF BURIAL: 3/30 1925

20-UNDERTAKER: Edward Tedeschi ADDRESS: 318 High St

Spec.—1-10-21—M&T—1500 Bks.

D 96811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 723 N. Broadway ST., 7-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Irwin

(a) RESIDENCE NO. 723 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Nov-1-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	41	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Charles A Irwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): ✓ Md

12 MAIDEN NAME OF MOTHER: Margaret Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ✓ Md

14 Informant: Baker B Irwin

(Address): 723 N. Broadway

MAR 30 1925 ROBERT R. KRAMER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch-27-1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 3, 1922, to March 27, 1925,

that I last saw her alive on March 27, 1925

and that death occurred, on the date stated above, at 2:15 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/22

Was there an autopsy? no

What test confirmed diagnosis? yes

(Signed) Ley Page, M. D.

3/28, 1925 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 3/30/25

20 UNDERTAKER: H. E. Hughes

ADDRESS: 422 N. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 96812 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96812

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Sargeant St.; 21 Ward) REGISTERED NO. C 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Carson

(Residence in Baltimore: No. 1318 Sargeant St.; 5 yrs., mos. 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, February (Month) 2 (Day), 1887 (Year)

7-AGE, 38 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, George M. Carson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER Sarah Henry

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester County Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Frank Carson

(Address) 1159 Ward Street

15. MAR 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1925 (Year)

I HEREBY CERTIFY, That I attended deceased from March 20 1925, to March 27 1925, that I saw him alive on March 27 1925, and that death occurred, on the date stated above, at 6.15 P.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John B. Wladowski M.D.

3/27, 1925 (Address) 672 Washington Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1159 Ward St

19-PLACE OF BURIAL OR REMOVAL, Mt. Hope Cem. Elkridge — DATE OF BURIAL, Mar. 30, 1925

20-UNDERTAKER Joseph L. Cook — ADDRESS 1003 N. Calto

Spec.-1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96813

CERTIFICATE OF DEATH.

90

REGISTRATION NO. D 96813

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) #3021 Guilford ave ST., 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Anna Flanagan

(a) RESIDENCE NO. 3021 Guilford ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 23. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retered

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patrick Flanagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Delaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Florence E. Beach

(Address) 3021 Guilford ave

15 Filed MAR 30 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 28 1925

17

I HEREBY CERTIFY, That I attended deceased from March 5th, 1925, to Mch 28th, 1925, that I last saw her alive on March 29, 1925, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Serious Mitral regurgitation with broncho pneumonia for which I attended her for 2 wks prior to March 28th 25 that I had not seen her for 1 wk prior to death which occurred on date above March 28/25

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? City

Did an operation precede death? No Date of 0

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) T F Hill, M. D.

, 19 (Address) 1208 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Mch 30 25

20 UNDERTAKER John O'Mute ADDRESS Fulton & W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96814

CERTIFICATE OF DEATH.

D 96814

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 28th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. Fleming

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD Weston W. Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Fleming -

6 DATE OF BIRTH (month, day, and year) Jan 1st 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
77		2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Law

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Fairmont W. Va

PARENTS

10 NAME OF FATHER B. Fleming

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Mip Brooks

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) W Va

14 Informant Records of Mt Hope Retreat (Address) Baltimore Md.

15 Filed APR 30 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29- 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20th, 1925 to March 29, 1925, that I last saw him alive on March 29- 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis Cum Bronchitis Cystitis -

(duration) Abt yrs. 3 mos 0 ds.

CONTRIBUTORY (Secondary) Exhaustion -

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Buckhannon W. Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J Flannery M. D.

March 29th, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weston W. Va. DATE OF BURIAL May 29 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOOLEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96815

CERTIFICATE OF DEATH.

100-001

D 96815

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Bond ST.: 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter S Briggs

(Residence in Baltimore: No. 604 N. Bond St St.: 97 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) single

6-DATE OF BIRTH, July (Month) 4 (Day), 1923 (Year)

7-AGE, 1 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Carl W. S Briggs

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Lillian S Briggs

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lennie S. Briggs

(Address) 604 N. Bond St.

15- MAR 30 1925 ROBERT B. KRAUTER, Assistant Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1925 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 26 1925, to March 27th 1925, that I saw h[illegible] alive on March 26th 1925, and that death occurred, on the date stated above, at 5-45 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Cuyler M. D.

March 28, 1925. (Address) 1927 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem

DATE OF BURIAL, 3/30 1925.

20-UNDERTAKER Jas. H. Skinner

ADDRESS 1625 E. Mad St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96816

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101 D 96816

Registered No. C.....

City of BALTIMORE: (No. Mercy Hospital St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton J.Ditty.

(Residence in Baltimore: No. 428 Tuxedo St. St.; yrs., 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. July 19, 1860 (Month) (Day) (Year)

7-AGE. 64 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work. Sexton of a
(b) General nature of industry, business, or establishment in which employed (or employer). Church

9-BIRTHPLACE. (State or Country). Queen Anne Co. Md.

PARENTS.

10-NAME OF FATHER. Thomas Ditty.

11-BIRTHPLACE OF FATHER, (State or Country). A.A.Co.Md.

12-MAIDEN NAME OF MOTHER. Elizabeth Hodges.

13-BIRTHPLACE OF MOTHER, (State or Country). A.A.Co.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie M.Ditty.(wife)

(Address) 423 Tuxedo St.

15- MAR 30 1925 ROBERT R. KRAUTE Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 27, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

March 28, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 428 Tuxedo St.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	March 30 1925

20-UNDERTAKER. Chesnow & Sons Inc. ADDRESS 5479 Belair Rd

Spec.–1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6817 D 96817

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 13 (Ward) 114

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stella Rose Smith

(a) RESIDENCE NO. 826 West 36th ST., WARD 13th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Francis Smith

6 DATE OF BIRTH (month, day, and year) March 25, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	27	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Long Green, Baltimore Co. Md

PARENTS

10 NAME OF FATHER Andrew Roach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Long Green, Baltimore Co. Md

12 MAIDEN NAME OF MOTHER Emma Callahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Long Green, Md

14 Informant (Address) University Hospital, Balto. Md

15 MAR 30 1925 ROBERT A. HARRIS Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to March 29, 1925, that I last saw h.. alive on March 29, 1925, and that death occurred, on the date stated above, at 1.10 a m.

The CAUSE OF DEATH* was as follows:

(1) Ulcerative Colitis (Origin undetermined)

(duration) 3 yrs. 8 mos 29 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Anderson, M. D.

March 27, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Govans	April 1 1925

20 UNDERTAKER Ehrenwerth Son (ADDRESS) 3947 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

Dosch

D 96818 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96818

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth V Dosch

(a) RESIDENCE No. 2 Fair oaks — Baltimore md — ST., Hamilton WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) April 29 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	14 yr			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pittsburg Pa
(State or country)

PARENTS

10 NAME OF FATHER Harry A Dosch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pittsburg Pa

12 MAIDEN NAME OF MOTHER Margaret M Cameron

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg Pa
(State or country)

14

Informant Harry A Dosch
(Address) 2 Fair Oaks Ave

15

Filed ..... 19 ROBERT B. KRAUTER, Registrar

MAR 30 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1925

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1925, to March 28, 1925, that I last saw h[illegible] alive on March 28 11:45, 1925, and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Peritonitis —
Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? University Hospital

Did an operation precede death? Yes Date of March 27 1925

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) R S Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	March 31 25
20 UNDERTAKER	Address
Chenoweth Son	Chestnut

(Reverse side of certificate.) — Physician's Statement of OCCUPATION

Spec.—1-10-21—M&T—1500 Bks.

D 96819 48

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96819

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 16-3 49

CITY OF BALTIMORE: (No. ..... ST., 16-3 WARD)

REGISTERED NO. D 96819

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac McLerum

(a) RESIDENCE NO. 3509 Esther Place ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 67 1 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Widower

6 DATE OF BIRTH (month, day, and year) 2

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Iron molder

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... (State or country) Scotland

PARENTS

10 NAME OF FATHER John McLerum

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Scotland

12 MAIDEN NAME OF MOTHER Agnes Mulland

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Scotland

14 Informant Friends (Address) JOHNS HOPKINS HOSPITAL.

15 MAR 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1925

17

I HEREBY CERTIFY, That I attended deceased from March 3 ....., 1925, to March 28, 1925, that I last saw him alive on March 28 ....., 1925, and that death occurred, on the date stated above, at 12 40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Kidney, Lt.

(duration) 1 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Benign Hypertrophy Prostate

(duration) ..... yrs. 8 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 3/18/25

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) L P Good, M. D.

3/28, 1925 (Address) Johns Hopkins Hosp Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 3/31/25

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96820
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

1729 D 96820
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1143 N. Fulton Ave ST. 16-6 WARD)

2-FULL NAME Todd E. Gore

(a) RESIDENCE No. 1143 N. Fulton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Gore

6 DATE OF BIRTH (month, day, and year) Aug 9-1850

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
74	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

PARENTS
10 NAME OF FATHER Todd E. Gore
11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md
12 MAIDEN NAME OF MOTHER Dunkinson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md

14 Informant H. C. Edgar
(Address) 1143 N. Fulton Ave

15 Filed ____, 19____ ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20th, 1925, to March 28th, 1925.
that I last saw h[illegible] alive on March 28th, 1925.
and that death occurred, on the date stated above, at 1.45 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Uremia
(duration) 1 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis & Hypertrophy (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Howard Dyckhoff M. D.
3/28, 1925 (Address) 26 Elmwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Mar 30 1925
20 UNDERTAKER	ADDRESS
J. B. Kilpatrick	1850 N. Dallas St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96821

CERTIFICATE OF DEATH.

D 96821

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Fred Ave ST., 20th WARD)

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Miegel

(a) RESIDENCE NO. 2401 Fred Ave ST., 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred (57) yrs. (4) mos. (4) ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore Miegel

6 DATE OF BIRTH (month, day, and year): Oct 22 5=1867

7 AGE: Years 57 | Months 4 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Christian Hermann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Theodosia Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Theodore H. Miegel 2401 Fremont Ave

15 Filed MAR 30 1925, 19... ROBERT R. KRAUSE, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 27 1925

17 I HEREBY CERTIFY, That I attended deceased from January 17, 1925, to March 27, 1925, that I last saw her alive on March 26, 1925, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Hypertension due to Arteriosclerosis

(duration) 3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) ... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theodore W. Koldewey M. D.

(Address) 1900 E Eastwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Mar 30 1925

20 UNDERTAKER: F. B. Wappuit

ADDRESS: 1850 N Dallas St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96822

CERTIFICATE OF DEATH.

15-1-124

D 96822

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D Galloway

(a) RESIDENCE NO. Forest court apts ST. WARD Lauraon

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. Liberty Hythe & Dillon mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lila Galloway

6 DATE OF BIRTH (month, day, and year) Nov. 5, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	57	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardware

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Peter Galloway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Louisa Jannis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Mr. Jennis Galloway (Address) 2212 Eden Terrace

15 Filed MAR 30 1925 ROBERT A. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 24 1925, to Mar. 28 1925, that I last saw him alive on Mar. 28 1925, and that death occurred, on the date stated above, at 1:15 P.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Mar 30 25

20 UNDERTAKER Wm J Pickner & Sons ADDRESS North Av

Spec.—1-10-21—M&T—1500 Blks.

17950 D 96823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96823

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 11-2 WARD) 100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerald Dorsey

(a) RESIDENCE NO. 1103 Berkeley St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— Infant

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Mary Dorsey

13 BIRTHPLACE OF MOTHER (city or town) ——— (State or country) Md

14 Informant (Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... 19 ..... Registrar

MAR 30 1925 ROBERT B. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to March 27, 1925, that I last saw h alive on March 27, 1925, and that death occurred, on the date stated above, at 7:15 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ..... yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) ..... Ad Jacobson ..... M. D.

3/28, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem.

DATE OF BURIAL 3/30 1925

20 UNDERTAKER Samuel Hensley

ADDRESS 728 W Baltimore

Spec. 4-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96824

CERTIFICATE OF DEATH.

X 1996824

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estie Watts.

(a) RESIDENCE NO. Woman's Maryland ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 27, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	31.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Woman's Md.

PARENTS

10 NAME OF FATHER Ernest Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lovie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Ernest Watts
(Address) Woman's Baltimore Md

15 Filed MAR 30 1925, 19 ROBERT B. HAUSER, Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to March 27, 1925, that I last saw h[illegible] alive on March 27, 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
With superimposed Acute
Lipoid Nephritis.

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia - Anuria

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) K. S. Anderson, M. D.

3/28 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Hasks Cem NDC	3/30 1925

20 UNDERTAKER Samuel S. Hemsley

ADDRESS 578 W Baltimore

Spec.—12-23-21—E.B.R.S.—400 Bks.

D 96825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96825

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 731 Cumberland St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert E Gunther

(a) Residence No. 731 Cumberland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Mard

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs E Gunther

6-DATE OF BIRTH (month, day and year) Jan 28, 1896

7-AGE, 29 yrs. 1 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Jamaica

PARENTS

10-NAME OF FATHER, Charles Gunther

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Jamaica

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

11- (Informant) Mrs E Gunther

(Address) 731 Cumberland St

MAR 30 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 27 1925

17- I HEREBY CERTIFY, That I attended deceased from March 17, 1925 to March 27, 1925

that I last saw h alive on March 27, 1925

and that death occurred, on the date stated above, at 8 P. M. in

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Infinite-

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical Examination

(Signed) R. Garland Chrystie, M. D.

March 28, 1925 (Address) 1534 - E. H. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rohrig Cem	March 30, 1925
20-UNDERTAKER Sam'l W. Blacklow	ADDRESS 1400 Mosher St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 D 96826

96826 CERTIFICATE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2128 Park St ST., 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Rogers Leary

(a) RESIDENCE - No. 2128 Park St

(Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 25, 855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jno H. Leary

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emily Hutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant P. W. Leary (Address) 2128 Park Ave

15 Filed MAR 30 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 28- 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25 1919, to Mar 28- 1925, that I last saw her alive on Mar. 9 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis, with hypostatic congestion

(duration) 5 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy - 45 min -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None except Sept of Heart Pneumonia

(Signed) Robert Whitehead M. D.

Mar 28 1925 (Address) 2111 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL March 31 1925

20 UNDERTAKER Henry W Jenkins & Sons Co — ADDRESS Richard & Eutaw Sts

Spec—12-23-21—E.B.R.S.—400 Blks.

Henley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96827

D 96827.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 224- N Bruce St., 19 - 17 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne Henley

(a) Residence No. 224-N. Bruce St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-Single, Married, married Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Henley

6-DATE OF BIRTH (month, day and year) year of 1875

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 10 01

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Denton, Md

PARENTS.

10-NAME OF FATHER, Samuel Dixon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Denton Md.

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Thomas Henley

(Address) 224 N Bruce St

15- Filed MAR 30 1925 ROBERT B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 25 19 25, to March 25 19 25

that I last saw h[illegible] alive on March 22 19 25

and that death occurred, on the date stated above, at 8.19 m.

The CAUSE OF DEATH* was as follows:

Mitral Insuf.

(Duration) 1 yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? [redacted]

What test confirmed diagnosis? Physical Examination

(Signed) Walter Jones Uninspected M. D.

, 19 (Address) 1618 W Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Mt Auburn Cemetery	May 31 1925.
20-UNDERTAKER.	ADDRESS
Mrs Katie R. Williams	N. Schroeder St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96828

D 96828

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. 15-47 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rose Saltz

(a) RESIDENCE NO. 4167 Dalrymple ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Saltz deceased

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Jacob Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mollie Handler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Simon Flagman (Address) Washington D.C.

15 Filed MAR 30 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-26, 1925, to 3-29, 1925

that I last saw h e Y alive on 3-29, 1925

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(Primary in breast.

(duration) 4 yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary) Broncho. Pneumonia

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of —

Was there an autopsy? NO —

What test confirmed diagnosis? Clinical Signs

(Signed) Isador D. Fry M. D.

(Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 3/30 1925

20 UNDERTAKER Sol Levinson Bro

ADDRESS 1127 E Baltimore St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96829

CERTIFICATE OF DEATH.

129

D 96829

1-PLACE OF DEATH

REGISTERED NO. 22-1

CITY OF BALTIMORE: (No. 433 W. Conway ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Sutton

(a) RESIDENCE. No. 433 W. Conway ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Not known

9 BIRTHPLACE (City or County) (State or country): Cumberland, Md.

PARENTS

10 NAME OF FATHER: Not known.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): Walter Blake (Son) 1225 E. Chase St.

15 Filed . 19

MAR 30 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1 1925 to Mar. 29 1925

that I last saw him on Mar. 29 1925

and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. A. Shelton, M. D.

3/29/25 (Address) 1715 Laurens St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn C	Mar 31 1925

20 UNDERTAKER: H. W. Brown & Son

ADDRESS: 108 W. Monroe

HEALTH DEPARTMENT—CITY OF BALTIMORE

96830 D 96830

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found in Harbor at 9-18 Registered No. C.....

City of BALTIMORE: (No. Foot of Pleasant St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Scott Davis

(Residence in Baltimore: No. 804 Towsend ave St.; yrs. 16 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June (Month) 27 (Day) 1860 (Year)

7-AGE. 59 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Iron Roller

9-BIRTHPLACE, (State or Country). England

PARENTS.

10-NAME OF FATHER. Samuel Davis

11-BIRTHPLACE OF FATHER, (State or Country). England

12-MAIDEN NAME OF MOTHER. Sarah Weaver

13-BIRTHPLACE OF MOTHER, (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank Richards

(Address) 804 Towsend

MAR 30 1925 ROBERT R. KRAUTER, 192 Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found in Harbor March 27 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(missing for a month)

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M. Fenton M. D. (Coroner.)

March 28 1925 (Address) 700 E Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore County	3/30/1925
20-UNDERTAKER. John Lemmick	ADDRESS. 2008 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

D 96831

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96831

CERTIFICATE OF DEATH.

REGISTERED NO. 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3971 Foster Ave. ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Certt

(a) RESIDENCE No. 3971 Foster Ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Certt

6 DATE OF BIRTH (month, day, and year) May 1 – 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work shipping clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Frost Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Certt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Eckhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Catherine Certt. (Wife)

(Address) 3971 Foster Ave

15 Filed MAR 30 1925 ROBERT B. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28/25 19

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1925, to March 28, 1925,

that I last saw he alive on March 28, 1925,

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary) Fract Endoprosthesis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Res

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

3/30, 19 (Address) 3307 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL April 1 1925

20 UNDERTAKER Lilly & Zirkin 403 S. Wolfe St. ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96832 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 5-129 D 96832

1-PLACE OF DEATH

City of BALTIMORE: (No. 1314 Orleans St., 5-2 Ward) Registered No.

2-FULL NAME Mary Fisher

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1314 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Maria Dennis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

11- (Informant) Geo. W. Johnson

(Address) 1214 Orleans St.

15- Filed ... 193 ... JEFF. R. KRAUTER, Registrar.

MAR 30 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 28-1925

17- I HEREBY CERTIFY, That I attended deceased from March 22 1925 to March 28 1925 that I last saw h[illegible] alive on March 28 19[illegible] and that death occurred, on the date stated above, at 2.10 P. M. The CAUSE OF DEATH* was as follows:

Mitral insufficiency

unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Terminal

(Duration) unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Ostberg M. D.

3/29 1925 (Address) 1426 Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetery — DATE OF BURIAL. Mar. 31 1925

20-UNDERTAKER. Chas. H. Johnson — ADDRESS 446 N. Carolina St.

96833 3-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96833
Registered No.

1-PLACE OF DEATH St Joseph's Hosp 8-1-25

City of BALTIMORE: (No. ..... St., 8 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Miller

(a) Residence No. 3164 Elmora Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 25, 1869

7-AGE. 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer D37

9-BIRTHPLACE (city or town) ..... Balt.
(State or Country),

PARENTS.

10-NAME OF FATHER, Fredrick Bueche

11-BIRTHPLACE OF FATHER (city or town) ..... Germany
(State or Country),

12-MAIDEN NAME OF MOTHER, Caroline Hauke

13-BIRTHPLACE OF MOTHER (city or town) ..... Germany
(State or Country),

14- (Informant) Louise Bueche
(Address) 3164 Elmora ave

15-
Filed ..... 192 ..... ROBERT R. KRAMER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 29 1925

17. I HEREBY CERTIFY, That I attended deceased from March 26 1925 to March 29 1925
that I last saw h.w alive on 3/29/25 19 .....
and that death occurred, on the date stated above, at 8.50 a.m.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus Chronic Nephritis and Calculatis
R. Ileo Fem Leg Infection
for Seven weeks (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Toxemia
..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? At home
Did an operation precede death? Yes Date of 3/25/25
Was there an autopsy? No.
What test confirmed diagnosis? Clinical and Operative
(Signed) B. M. Rhodes M. D
, 19 (Address) St Josephs Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Tamanend Cem	April 1 19 25
20-UNDERTAKER.	ADDRESS
Louis Heeman	32 S Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96834 — CERTIFICATE OF DEATH. — D 96834

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 738 W Mulberry St., 18-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Ross

(a) Residence No. 859 Vine St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Fem	Col	Sing

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE.	If LESS than 1 day,
33 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Cambridge Md.

PARENTS.
10-NAME OF FATHER, Wm Ross
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Cambridge Md.
12-MAIDEN NAME OF MOTHER, Conchey
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Cambridge Md.

14- (Informant): Annie B Lucas
(Address): 857 Vine St

15- MAR 30 1925 ROBERT R. KRAUTER, Burial Permit Receiver.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 27/25

17- I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to March 27, 1925, that I last saw h... alive on March 25, 1925, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart
Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Tuberculosis (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. Norwood M. D.
March 30, 1925 (Address) 980 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
W Laurel City	March 30 1925

20-UNDERTAKER.	ADDRESS
Leonard Whalen	673 Fairhaven

Spec.—1-10-21—M&T—1500 Blks.

1792 40 B 96835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96835

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 24

CITY OF BALTIMORE: (No. ..... ST., 22 - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Lenga

(a) RESIDENCE NO. 919 W. Camden St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 9/12 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1927 Oct.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Lenga

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Elizabeth Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 MAR 30 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1925, to March 29, 1925, that I last saw her alive on March 29, 1925, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis, meningococcus

..... (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Walter B. Stewart M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 19 3/31 1925

20 UNDERTAKER Chas. B. Kubanska

ADDRESS 637 S. Paca St.

96836 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. D 96836

1-PLACE OF DEATH Found dead - Room 1 - 1/29 Registered No. C.....

City of BALTIMORE: (No. 2131 Cambridge St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hampl Hamphill

(Residence in Baltimore: No. 2131 Cambridge St.; yrs. 1/2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Mal	Wht	Sngl

6-DATE OF BIRTH, March (Month) (Day) 1863 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. mos. ds.	....hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Cochran Oil & Del Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Hampl

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Jennett Dent

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Hampl

(Address) 510 S Maynard Av

15- MAR 30 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead in Room March 29 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to.....death (Inquest, autopsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Missing 3 days)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) James H. Hamilton M. D. (Coroner)

March 31 1925 (Address) York Chester

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Itecent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cem.	March 30, 1925
20-UNDERTAKER.	ADDRESS
H. Sander Sons	1710 E Lost St

96836 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. D 96836

1-PLACE OF DEATH Found dead - Room 1-1 Registered No. C

City of BALTIMORE: (No. 2131 Cambridge St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hampel

(Residence in Baltimore: No. 2131 Cambridge St., 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Mal	White	Single

6-DATE OF BIRTH. March 1866. (Month) (Day) (Year)

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Cochran Oil Co

9-BIRTHPLACE. (State or Country) Balto City

PARENTS.

10-NAME OF FATHER. Henry Hampel

11-BIRTHPLACE OF FATHER. (State or Country) Germany

12-MAIDEN NAME OF MOTHER. Jennet Dent

13-BIRTHPLACE OF MOTHER. (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Hampel

(Address) 510 S Mount St

15- MAR 30 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. Found dead in Room March 28 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, aforesaid Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Erasmus Concussion

(Duration) yrs. mos. ds.

(Signed) James M Kemler M. D. (Coroner)

March 28 1925 (Address) York Road

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cem.	March 30, 1925
20-UNDERTAKER.	ADDRESS
H. Sander Sons	1710 East St

Spec.—1-10-21—M&T—1500 Blks.

Dr Emrich
4706 Harford Ave

D 96837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 96837

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 Harford Road Hamilton ST., 39 - 11 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth C. Emrich

(a) RESIDENCE NO. 36 Harford Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Emrich

6 DATE OF BIRTH (month, day, and year) Dec. 24. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER William Linker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Ely

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Marie E. Sullivan (Address) 36 Harford Road

15 Filed MAR 30 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 1 1925, to Mar 29 1925, that I last saw h[illegible] alive on Mar 29 1925, and that death occurred, on the date stated above, at 1 1/2 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Incipient arterial Tension + Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Simms M. D.

3/30, 1925 (Address) 420 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	March 31 1925

20 UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Blks.

D 96838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

135

D 96838

REGISTERED NO.

1-PLACE OF DEATH Municipal Hospital of Bay View

CITY OF BALTIMORE: (No. Bay View Hospital St., Ward) "A"

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Beverly

(a) RESIDENCE NO. 1105 McCulloh ST., ...WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sexton

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Roy Beverly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Bay View Hospital records.

15 Filed ... 19 ... Registrar

MAR 30 1925 ROBERT P. KRAUTER Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/27 1925, to 3/28 1925.

that I last saw him alive on 3/28 1925

and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of prostate

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute urinary retention

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3/27/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Botany

(Signed) Arnold L. Jennett, M. D.

3/28, 1925 (Address) Bay View Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 30 1925

20 UNDERTAKER: Mrs R. E. Elliott ADDRESS 1725 Ashland ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96839

CERTIFICATE OF DEATH.

179 ✓

D 96839

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Warner ST.; 22-7 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Queen

(Residence in Baltimore: No. 605 Warner St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Color.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Nov 18 1858, 1 (Month) (Day) (Year)

7-AGE. 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Isaiah Queen

11-BIRTHPLACE OF FATHER (State or Country). Anne Arundel Co Md.

12-MAIDEN NAME OF MOTHER. Mrs Knowson

13-BIRTHPLACE OF MOTHER (State or Country). Anne Arundel Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Queen

(Address) 644 Haw St

15- MAR 30 1925 Filed, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1925 to March 26 1925, that I saw h alive on March 26 1925, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) Dr. H. Mendenwald M. D.

3/26, 1925. (Address) 2 E Wash 12 Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 644 Haw St

19-PLACE OF BURIAL OR REMOVAL, Fort Avenue Cemetery

DATE OF BURIAL, Mar 30 1925

20-UNDERTAKER Jones Bros & Hooper 406

ADDRESS N Carey st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96840

CERTIFICATE OF DEATH.

94 D 96840

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W. University Parkway ST., 7 WARD 1)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George William Walther

(a) RESIDENCE NO. 108 W. University Parkway ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced (R.)
HUSBAND of
(or) WIFE of Sophia Dehl Walther

6 DATE OF BIRTH (month, day, and year) Dec 4 1855

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Banker 086

(b) General nature of industry, business, or establishment in which employed (or employer): (Elec. Con.)

(c) Name of employer: retired

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Geo. E. Walther

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna M. Poetzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alsace Lorraine

14 Informant: Mrs. Thos B. Ewalt
(Address) 108 W. University Park.

15 Filed MAR 30 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan ..... 1923 ..... to Mch 28 ..... 1925.

that I last saw h in alive on March 28 ..... 1925.

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Mch 21, 1925 (duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Chronic nephritis + Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Union Memorial Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examinations

(Signed) Sydney R. Miller. M. D.

, 19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge DATE OF BURIAL: Mch 31 1925

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

D 96841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 96841

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 8-2 WARD)

2-FULL NAME Rev William ~~D~~ Nicoll

(a) RESIDENCE NO. 2041 E North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Grace Nicoll

6 DATE OF BIRTH (month, day, and year) July 25 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Adam A Nicholl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Shaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Municipal Hospital Records (Address)

15 Filed ..... 19 ..... ROBERT A. KRAUTH Registrar

Burial Permit Filed.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to March 29, 1925.

that I last saw h~~im~~e alive on March 29, 1925

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis, myocardial failure

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory.

(Signed) W L Miller, M. D.

3/29/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Mt Olivet DATE OF BURIAL MAR 31 1925 19

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96842

CERTIFICATE OF DEATH.

D 96842

1-PLACE OF DEATH Colonial Hosp.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Nt Mount ST., 16-6 WARD)

2-FULL NAME Milton Fischer

(a) RESIDENCE NO. Essex - Balto Co ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 30 - 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Milton Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Anna M Schlicter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Milton Fisher
(Address) Essex Balto Co Md

15 Filed MAR 30 1925, 19 ... MCELAI A. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28th, 1925, to March 29th, 1925, that I last saw h... alive on March 29th, 1925, and that death occurred, on the date stated above, at 5h a. m.

The CAUSE OF DEATH* was as follows:

lymphatic leukaemia

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) I. L. Szucs, M. D.

, 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dalelawn — DATE OF BURIAL 3/31/1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Ward

D 96843 HEALTH DEPARTMENT—CITY OF BALTIMORE

165 D 96843

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 9-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert C. Dillard

(Residence in Baltimore: No. 3101 Tinges Lane St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	mar

6-DATE OF BIRTH. May 15 1895
(Month) (Day) (Year)

7-AGE. 29 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer). Colonial Hospital

9-BIRTHPLACE, (State or Country). South Carolina

PARENTS.

10-NAME OF FATHER. Jack Dillard

11-BIRTHPLACE OF FATHER, (State or Country). S.C.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie M Dillard (wife)

(Address) 3101 Tinges Lane

15- MAR 30 1925 Filed 192 RUFUS G. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28-25 192
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbolic acid poisoning
(Swallowed - Suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. H. Culler M. D.
(Coroner.)

3-29-25 192 (Address) 509 North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	3/31- 1925
20-UNDERTAKER. Williams	ADDRESS 502 E Nor

Cor.—1-12-23—M&T—100 Bks.

D 96844

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96844

CERTIFICATE OF DEATH.

12-490

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Guilford Ave ST., 12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes E. Moran

(a) RESIDENCE NO. Washington, D.C. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Moran

6 DATE OF BIRTH (month, day, and year) Oct. 28, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

10 NAME OF FATHER William May

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Agnes Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

Informant (Address) John D. Moran Washington, D.C.

Filed MAY 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Probably Myocardial)
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) (History High Blood Pressure)
(duration) ... yrs. ... mos. ... ds.

3-30-25 (Signed) J. E. Collins M. D.
(Coroner.)
192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D.C.	March 1925
20 UNDERTAKER	ADDRESS
Wilson Bros	502 E North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96845

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96845

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Falls Road Terrace ST. 27-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. D. Tyler

(a) RESIDENCE. NO. 615 Falls Road Terrace ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Tyler.

6 DATE OF BIRTH (month, day, and year) Jan 7th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pres. of tin can Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James J. Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary J. Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Anna Tyler (Address) 615 Falls Road Terrace

15 Filed MAR 30 1925 Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1924, to March 27, 1925, that I last saw him alive on March 27, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) General Anasarca

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) W. N. Ingram, M. D.

. 19 (Address) 2439 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	June 30 1925
20 UNDERTAKER	ADDRESS
Peter P. Fitzgerald	20 E. Pratt

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 96846

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Oakhill ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Fenton

(a) RESIDENCE. NO. 1906 Oakhill ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 25 Dec, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) milliner

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Dennis Fenton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Dinneen

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Hannah Murphy
(Address) 506 Oakhill ave

15 Filed MAR 30 1925 19 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1920, to March 29, 1925, that I last saw her alive on March 28, 1925, and that death occurred, on the date stated above, at 4 15 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

19 (Address) 700 E Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Winchester Va	March 31, 1925

20 UNDERTAKER Elmer H. Conklin ADDRESS 824 E Eager

Spec—12-23-21—E.B.R.S.—400 Eks.

D 96847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-12 D 96847

1-PLACE OF DEATH

City of BALTIMORE. (No. 861 Greenmount Ave St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth C. Minitor

(a) Residence No. 861 Greenmount Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widowed

5a-~~If married~~, Widowed, or divorced —HUSBAND of (or) ~~WIFE of~~ Thomas F. Minitor

6-DATE OF BIRTH (month, day and year) June 16, 1868

7-AGE. 56 yrs. 9 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph A. Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret M. Blake

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) Mrs. Margaret A. McCourt (Address) 861 Greenmount Ave., City.

15- MAR 30 1925 ROBERT B. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 24 1925 to Mar 28 1925.

that I last saw ~~him~~ her alive on March 24 1925

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Poisoning

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death? 861 Greenmount

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

3/29, 1925 (Address) 700 E Chase St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Mar 31 1925
20-UNDERTAKER. Edward W. Conklin	ADDRESS 924 E Eager St.

Spec.—1-10-21—M&T—1500 Bks.

D 96848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1331 D 96848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 21-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harrison E. Wilbur

(a) RESIDENCE NO. 863 Reinhart ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Wilbur

6 DATE OF BIRTH (month, day, and year) Jan 31st 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Metal

(b) General nature of industry, business, or establishment in which employed (or employer) Worker 086

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Gustavus Wilbur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Katie Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Katie A. Wilbur

(Address) 621 N. Hamburg St

15 Filed MAR 30 1925 19 ROBERT L. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-1925

17

I HEREBY CERTIFY, That I attended deceased from 2-16-, 1925, to 3-29-, 1925,

that I last saw him alive on 3-29-, 1925

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Stricture Opinion of Bladder

Streptococcus Cystitis 1 month

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3-17-25

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & Microscopic Exam.

(Signed) H. D. Parr, M. D.

3/29, 1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Apr 1 1925

20 UNDERTAKER James Dignan & Son ADDRESS 100 S Paca St.

Spec.—1-10-21—M&T—1500 Blks.

96849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 001 D 96849

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Clifton av ST., 15-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Jane Hubbs

(a) RESIDENCE NO. 1922 Clifton av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. one ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wht	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 29/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			one	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work =

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Harry N. Hubbs

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Margie Wiley

13 BIRTHPLACE OF MOTHER (city or town) Wash Co. (State or country) Md.

14 Informant Mr Harry N. Hubbs
(Address) 1922 Clifton av

15 MAR 30 1925 ROBERT F. [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 29th, 1925, to Mch 30th, 1925, that I last saw her alive on Mch 29, 1925 and that death occurred, on the date stated above, at 6.20 a m.

The CAUSE OF DEATH* was as follows:

Cyanosis pneumonia
due to prematurity
6 mo foetus

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ellis Smith, M. D.

3/30 1925 (Address) 1605 N North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem't	3/31 1925

20 UNDERTAKER Fredk A. Cole ADDRESS 1411 Bolton

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96850

CERTIFICATE OF DEATH.

D 96850

1-PLACE OF DEATH St. Joseph's Hospital 28-5 Ward

City of BALTIMORE: (No. ..... St.,

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. Windfelder

(a) Residence No. 542 Nottingham Rd St., Ten Hills Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Kaltenbach

6-DATE OF BIRTH (month, day and year) 12 Oct 12 1867

7-AGE.	If LESS than 1 day,
57 yrs. 5 mos. 16 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) 034

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, John Windfelder

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Brehm

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Sophia Windfelder

(Address) 542 Nottingham Road

15- Mar 30 1925 192 ROBERT B. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 28 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar. 27 1925 to Mar 28 1925 that I last saw h. m alive on Mar 28 1925 and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Hypertension

Chronic nephritis

(Duration) 5 yrs. - mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Egbert M. D.

19 (Address) St. Jos. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cem.	Apr 1 19 25

20-UNDERTAKER, Margaret L. Flynn

ADDRESS 1417 Eight St

Spec.—1-10-21—M&T—1500 Blks.

D 96851 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 178 D 96851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 4-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME W.C. Cole

(a) RESIDENCE No. 215 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Graham Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Hosp. Records (Address) Franklin Sq. Hospital

15 Filed MAR 30 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26/25

17 I HEREBY CERTIFY, That I attended deceased from Mar 23/25 19.... to Mar 26/25 19.... that I last saw h.. alive on Mar 26/25 19.... and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Alcoholism

History (duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Acute Nephritis

Unknown (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Henry B. Kolb M. D.

(Address) 1103 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Mar 30 1925

20 UNDERTAKER Margaret E. Flynn ADDRESS 1122 Eutaw St

Spec—12-23-21—E.B.R.S.—400 Bks.

96852 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96852

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~John~~ 1445 Reynolds St., 24-01-001-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Gunning

(a) Residence No. 1445 Reynolds St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Gunning

6-DATE OF BIRTH (month, day and year) Aug. 10, 1882

7-AGE	If LESS than 1 day,
42 yrs. 7 mos. 18 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Dry Docks

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Martin Gunning

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Gurry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Augusta Gunning
(Address) 1445 Reynolds

15- Filed MAR 30 1925 ROBERT R. [illegible] Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to March 28, 1925.

that I last saw him alive on March 28, 19 25.

and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Hypertension

Chronic Pneumonia Nephritis

(Duration) yrs. 8 mos. ds

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 3 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

3/29, 1925 (Signed) Thos J Stevens, M. D. (Address) 2878 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	March 31 1925
20-UNDERTAKER	ADDRESS
Margaret J Flynn	1422 Eighth

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96853

CERTIFICATE OF DEATH.

D 96853

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1639 Covington St. 24-2 (Ward) 90

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Edward Neill

(a) RESIDENCE. No. 1639 Covington St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Theresa Neill

6 DATE OF BIRTH (month, day, and year) Oct 19th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Gatherer

(b) General nature of industry, business, or establishment in which employed (or employer) in Glass House

(c) Name of employer Kings glass house

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know

12 MAIDEN NAME OF MOTHER Margaret MacElhaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

14 Informant Mrs Theresa Neill (Address) 1639 Covington St.

15 Filed MAR 30 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 28th 1925

17 I HEREBY CERTIFY, That I attended deceased from January 15th, 1925, to Mch 28th, 1925, that I last saw h[illegible] alive on Mch 28th, 1925, and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease Heart

Do not know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. J. Carrick, M. D.

19 (Address) 412 N. Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holly Cove Cem.	April 1 1925
20 UNDERTAKER Robt. J. Turner	ADDRESS 1222 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

96854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 96854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 N Edon ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ella Miller

(a) RESIDENCE NO. 1339 N Edon ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 18/1860

7 AGE: Years 65; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of Industry, business, or establishment in which employed (or employer): at home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto co Md.

PARENTS

10 NAME OF FATHER: Wm H. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto co Md.

12 MAIDEN NAME OF MOTHER: Mary C. McGee.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto co Md.

14 Informant: Mrs Geo. Schellhase

(Address) 17 Southern ave.

15 Filed MAR 30 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/28. 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov, 1924, to Mch 28, 1925, that I last saw her alive on Mch. 28, 1925, and that death occurred, on the date stated above, at 5.40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Angina Pectoris

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

March 29, 1925 (Address) 1624 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 3/31 1925

20 UNDERTAKER: Robt. F. Turner

ADDRESS 1460 N Broadway

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96855

74 D 96855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Druid Hill Av ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hicks

(a) RESIDENCE NO. 1727 Druid Hill Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — — 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel Waiter

(c) Name of employer Emerson Hotel

9 BIRTHPLACE (city or town) (State or country) Buckingham Co Virginia

PARENTS

10 NAME OF FATHER Harrison Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Anna Hicks (Address) 1727 Druid Hill Av

15 Filed ..... 19 ..... ROBERT P. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27th 1925

17

I HEREBY CERTIFY, That I attended deceased from March 18th, 1925, to March 27, 1925, that I last saw him alive on March 26, 1925, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency & Cardiac Dilatation (duration) — yrs. 9 mos — ds

CONTRIBUTORY (Secondary) Cerebral Hemorrhage & Hemiplegia (duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms &c

(Signed) Edward E Mackenzie M. D.

March 27, 1925 (Address) 1334 W North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	Mar 30 1925
20 UNDERTAKER	ADDRESS 578 N Eddle
Samuel H Kemsley	

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96856

CERTIFICATE OF DEATH.

90 D 96856

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 349 Canal ST., 11-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Frederick

(a) RESIDENCE NO. 349 Canal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Frederick

6 DATE OF BIRTH (month, day, and year) — — 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress at Home

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress at Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

PARENTS

10 NAME OF FATHER John Hyeart

11 BIRTHPLACE OF FATHER (city or town) Harford Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Reed

13 BIRTHPLACE OF MOTHER (city or town) Harford Co. (State or country) Md

14 Informant E. Benjamin Frederick (Address) 349 Canal St

15 Filed ....., 19 ..... ROBERT N. KRAUTER, Registrar Burial Permit Clerk

MAR 30 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1925

17. I HEREBY CERTIFY, That I attended deceased from Jany 27th, 1925 to March 28, 1925, that I last saw him alive on March 28, 1925, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis (duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Acute Nephritis & Gout Oedema (duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) Edward E. Mackenzie, M. D.

March 30, 1925 (Address) 1309 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Mar 31, 1925
20 UNDERTAKER Samuel B. Hensley	ADDRESS 1 E Eddie

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

101 D 96857

1-PLACE OF DEATH

City of BALTIMORE: (No 2314 Boston st St., 1-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frances Pratasiewicz

(a) Residence No. 2314 Boston st St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 11 1925

7-AGE. ..yrs. ..mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Baltimore..... (State or Country).

PARENTS.

10-NAME OF FATHER. Andrzej Pratasiewicz

11-BIRTHPLACE OF FATHER (city or town)....Poland..... (State or Country).

12-MAIDEN NAME OF MOTHER. Josefine Rudnicka

13-BIRTHPLACE OF MOTHER (city or town)...Poland..... (State or Country).

14- (Informant) Mrs Josephine Pratasiewicz

(Address) 2314 Boston st

15- MAR 30 1925 ROBERT J. KRAMER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/29/25

17- I HEREBY CERTIFY, That I attended deceased from March 27 1925 to March 27 1925

that I last saw her alive on March 29 1925

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pulmonia

.....(Duration)..... yrs. 3 ds.

CONTRIBUTORY..... (Secondary)

.....(Duration)..... yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) Frank Jannuzzi M. D.

3/29, 1925 (Address) 2431 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL. March 30 25

20-UNDERTAKER. John M Weber

ADDRESS 1803 Bank st

Spec.—1-10-21—M&T—1500 Bks.

D 96858 1793 7L

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96858

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 24-390

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME John Fronckoaki

(a) RESIDENCE NO. 1319 Andre ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 8 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Fronckoaki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Lopszyna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925. to March 29 1925.

that I last saw h— alive on March 29, 1925.

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis

Mitral + aortic stenosis + insufficiency

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial insufficiency

(duration) yrs. 3. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Ex. Exam.

(Signed) Louis E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	March 31 1925
20 UNDERTAKER	ADDRESS
John M. Weber	1803 Bank St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96859

D 96859

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 348 S. Calhoun St., 19-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura W. Carroll.

(a) Residence No. 348 S Calhoun St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L Carroll

6-DATE OF BIRTH (month, day and year) July 28th 1864

7-AGE. 60 yrs. 8 mos. 1 ds. LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, Robt. Napier

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14-

(Informant) Mrs James O Russell

(Address) 348 S Calhoun St

MAR 30 1925

ROBERT R. KRAUTH

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 29-1925.

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1925 to March 29, 1925, that I last saw h.r alive on March 29, 1925, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia.

(Duration) yrs. mos. 10 ds

CONTRIBUTORY (Secondary) — None

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam etc

3/ (Signed) J Rhus Lawton M. D.

30 25 19 (Address) 858 McFadden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL. Mch 31 1925.

20-UNDERTAKER. John L Cowan & Bro

ADDRESS 901 Hollins St.

Spec—12-23-21—E.B.R.S.—400 Bks.

Corrected Copy.

D96860

HEALTH DEPARTMENT—CITY OF BALTIMORE

D96860

CERTIFICATE OF DEATH.

7-31

7-2

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kolar

(a) Residence No. 919 N. Madeira st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kolar

6-DATE OF BIRTH (month, day and year) Dec. 27, 1876

7-AGE. 48 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Coat tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown 080

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Austria.

PARENTS

10-NAME OF FATHER. John Kolar

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Austria

12-MAIDEN NAME OF MOTHER. Anna ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Austria

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed April 18/25 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch. 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 20 19 25 to March 28 19 25

that I last saw him alive on March 28 19 25

and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. findings, Lab.

(Signed) J. A. Kolar M. D.

3-29-, 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loby Redeemer	Mar 31 1925
20-UNDERTAKER.	ADDRESS
Frank Coach & Son	1406 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96861

CERTIFICATE OF DEATH

109 D 96861

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 2910 Erdman ave St., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Wilson Haslup

(a) RESIDENCE No. 2910 Erdman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27th 1910

7 AGE: Years 14, Months 6, Days, If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Chas. L. Haslup

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Mary E. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Chas L. Haslup 2910 Erdman ave

15 FILED 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-12, 1925, to 3-28, 1925, that I last saw h[illegible] alive on 3-28, 1925, and that death occurred, on the date stated above, at 7 30 P m

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Septicemia (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Empyema due to tonsilitis (duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 3-24-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms.

(Signed) David Miller, M. D.

19 (Address) 15 a N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carlwood Cemetery

DATE OF BURIAL: March 31, 1925.

20 UNDERTAKER: John A. Moran

ADDRESS 3000 E. Balto.

Spec.—1-10-21—M&T—1500 Bks.

D 96862 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96862

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elva Bundy

(a) RESIDENCE No. 1625 Miller St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Benj. Bundy

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Lilly Brown

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Recad
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 31 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17

I HEREBY CERTIFY, That I attended deceased from March 21st, 1925, to March 29, 1925.

that I last saw h[illegible] alive on March 29, 1925.

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix.

Intestinal Obstruction

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Peritonitis & Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 29th 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation only

(Signed) W. S. Ladd M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashury Cemetery	April 1 1925

20 UNDERTAKER	ADDRESS
Mrs R. G. Ellick	1225 Eastland Av

Spec.—1-10-21—M&T—1500 Bks.

D 96863

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96863

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip King

(a) RESIDENCE NO.... Unknown ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Sailor

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Bay View Hospital
(Address) Baltimore, Md.

15 Filed , 19
Registrar

0 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 19 25

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to March 24, 1925, that I last saw him alive on March 24, 1925, and that death occurred, on the date stated above, at 10.25 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure, myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Maniacal excitement

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Goodsmith M. D.

, 19 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 3-27, 19

20 UNDERTAKER Commissioner Health,

ADDRESS

Robert P. Harrison,

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Blks.

D 96864 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96864

CERTIFICATE OF DEATH

1-PLACE OF DEATH Memorial Hospital or Bay View — REGISTERED NO. 38

CITY OF BALTIMORE: (No. Bay View Hospital St. [illegible] WARD 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Williams

(a) RESIDENCE No. Oneida Maryland ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE: Years 45 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bay View Hosp. Records
(Address)

15 Filed 3 0 1925, 19 .....
Robert F. Carrithers, Registrar.
Burial Permit Issued
(636)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24 1925

17
I HEREBY CERTIFY, That I attended deceased from 3/20, 1925, to 3/24, 1925,
that I last saw him alive on 3/24, 1925
and that death occurred, on the date stated above, at 4 30 p m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemiplegia
Syphilitic
..... (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (Secondary) Aneurism of popliteal artery
..... (duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory
(Signed) Arnold L Jensen, M. D.
, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 3/26 1925

20 UNDERTAKER [illegible] Bellaire Health,

ADDRESS Mechanic-Gra. 7520

Spec.—1-10-21—M&T—1500 Bks.

D 96865

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 12-38 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Clyde

(a) RESIDENCE NO. 263 Forte Alley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70 Yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ..... 0+0

(c) Name of employer

9 BIRTHPLACE (city or town) N.C.
(State or country)

PARENTS

10 NAME OF FATHER John Clyde

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Francis Clyde

13 BIRTHPLACE OF MOTHER (city or town) N.C.
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed 3 0 1925, 19 Robert P. Harrison
Registrar

0:20 Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1925

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1925, to March 26, 1925.

that I last saw him alive on March 26, 1925

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Chronic Myocarditis

syphilis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller. M. D.

3/27/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 30 1925

20 UNDERTAKER

ADDRESS

Commissioner Health.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96866

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Volunteers of America Hospital WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Timothy D. Shugrue

(a) RESIDENCE. No 38 W 64 st N. Y City ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hospital Records
(Address)

15 Filed . 19 Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1925

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1925, to March 28, 1925, that I last saw him alive on March 28, 1925, and that death occurred, on the date stated above, at 6 0 A. m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? stethoscope

(Signed) A. J. Conrey, M. D.

. 19 (Address) Vol. of Am. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dist Olivet Cemetery	Mar 31 1925
20 UNDERTAKER	ADDRESS
Harry A. Veitzke	1531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

D 96867

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96867

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5506 Reisterstown Rd. WARD) 28-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lavina Schaaf

(a) RESIDENCE No. 5506 Reisterstown Rd. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elisha T. Schaaf

6 DATE OF BIRTH (month, day, and year): Dec 8 1842

7 AGE — Years: 82 — Months: 3 — Days: 21 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: James Houston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Nancy Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. Howard K. Lecompte 5506 Reisterstown Rd

15 Filed MAR 30 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1925 to Mar 29 1925, that I last saw h[illegible] alive on Mar 29 1925, and that death occurred, on the date stated above, at 8.30 a

The CAUSE OF DEATH* was as follows:

Bright Disease

Mitral Valvular Heart Dis

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary): Cardiac Hypertrophy

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

, 19 (Address) Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. — DATE OF BURIAL: Mar 31 1925

20 UNDERTAKER: Wm J Fuchs Sons — ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96868

CERTIFICATE OF DEATH.

161-0 D 96868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1131 Kirk ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Stevenson

(a) RESIDENCE No. 1131 Kirk ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 27, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hr.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Stevenson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Washington

13 BIRTHPLACE OF MOTHER (city or town) Abingdon (State or country) Md

14 Informant

(Address)

FILED MAR 28 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1925

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1925, to March 27, 1925, that I last saw him alive on March 27, 1925, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Premature birth (5½ Months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Cleary, M. D.

, 19 (Address) 703 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Baltimore Health, MAR 27 1925

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96869

CERTIFICATE OF DEATH.

90 D 96869

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 3837 Roland Ave ST., 13-4 WARD

2-FULL NAME Annie D. McIntosh

(a) RESIDENCE No. 3837 Roland Ave. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

REGISTERED No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vernon A. McIntosh

6 DATE OF BIRTH (month, day, and year): Jan. 24-1845

7 AGE: Years 80 | Months 2 | Days 4 | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ellen —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Ella McIntosh

(Address) 3837 Roland Ave.

15 Filed: MAR 30 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28 1925

17

I HEREBY CERTIFY, That I attended deceased from March, 1923, to March 28, 1925

that I last saw h alive on about one month ago, 19

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease Heart

(Senility)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) 4 hours yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No. See Remarks

What test confirmed diagnosis? Gradwohl Path

(Signed) R. B. Townsend, M. D.

(Address) 264 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys, Hampden — DATE OF BURIAL: March 31 1925

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Rd.

Spec.—1-10-21—M&T—1500 Bks.

D.96870

02896 (

HEALTH DEPARTMENT—CITY OF BALTIMORE

D.96870

02896 (

100-24

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 Wash. Blvd ST. 27-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Alexandria Curtis

(a) RESIDENCE NO. 647 Wash Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Louis Adolph Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Orleans.

12 MAIDEN NAME OF MOTHER Mary F. Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis Md.

14 Informant (Address) Louis A. Curtis 647 Washington Blvd

15 APR 1 1925, 19 Robert P. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1925, to Mar. 30, 1925, that I last saw h alive on Mar. 30, 1925, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(over)

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Morley Hoag M. D.

(Address) 724 Washington Blvd Mar 30. 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL apr 1 1925

20 UNDERTAKER Mr & Mrs. John W. Teufel & Son ADDRESS 801 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96871

D 96871

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Union Ave ST., 13-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Braun

(a) RESIDENCE NO. 1131 Union Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Braun

6 DATE OF BIRTH (month, day, and year) May 13, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	81	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Rossa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Paul Braun

(Address) 1131 Union ave

15 0 1925 Robert P. Harrison, 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/26, 1925, to 3/28, 1925,

that I last saw he alive on 3/28, 1925,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Leonard E. Beach, M. D.

3/29, 1925 (Address) 2229 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Mar 31, 1925
20 UNDERTAKER	ADDRESS
Mr & Mrs. John W. Teufel & Son	801 W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

D 96872

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96872

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 651 W. Barre (St.) 22-1 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Schoenhals

(a) RESIDENCE NO. 651 W. Barre ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 60 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schoenhals.

6 DATE OF BIRTH (month, day, and year) Jan 18, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	10.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer) in market

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Jacob Schoenthals.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elizabeth Schoenthals.
(Address) 651 W. Barre St.

15 Filed MAR 30 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 3, 1923, to Mar 28, 1925, that I last saw h... alive on Mar 27, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic endocarditis and old age

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Knipp M. D.

3/30, 1925 (Address) 1002 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park. DATE OF BURIAL Mar 31 1925

20 UNDERTAKER Mr+ Mrs. John W Teufel + Son ADDRESS 501 N. Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

(Death)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96873

CERTIFICATE OF DEATH

90 D 96873

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. James Edward Veath

(a) Residence No. 827 N. Kenwood St. Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 6th 1894

7-AGE. 30 yrs. 10 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 008

(b) General nature of industry, business, or establishment in which employed (or employer) Accountant

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo J Veath.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Sophia Mengel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Dorothy Vaeth

(Address) 131 S Light St.

15- Filed D 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/29/25

17- I HEREBY CERTIFY, That I attended deceased from 3-1-, 1925, to 3-29-, 1925, that I last saw h[illegible] alive on 3-29-, 1925, and that death occurred, on the date stated above, at 7:40 a. m.

The CAUSE OF DEATH* was as follows:

Primary Cause Undetermined

Endocarditis

(Duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) 6 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. W. Holley M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	3/30/25 19
20-UNDERTAKER,	ADDRESS
J. J. Fokes Sons	131 Light

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96874

CERTIFICATE OF DEATH

74-901 D 96874

1-PLACE OF DEATH

City of BALTIMORE: (No. 26 S. Hilton St., 20th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella E Brown

(a) Residence No. 26 S. Hilton St., 20th Ward,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 25th 1843

7-AGE 82 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or Town) Elkton, Md
(State or Country)

PARENTS.

10-NAME OF FATHER Samuel Coleman

11-BIRTHPLACE OF FATHER (City or Town) Elkton, Md
(State or Country)

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (City or Town) Elkton, Md
(State or Country)

14- (Informant) Victor Brown

(Address) 26 S. Hilton St

15- Filed ..... 19.. Registrar

JUN 3 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 29/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1925 to May 29 1925

that I last saw h.. alive on May 28 1925

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(Duration) ? yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 1 mos. 15 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) M J Hanna M. D

3/30, 1925 (Address) 826 N Bachman St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cemetery DATE OF BURIAL May 31st 1925

20-UNDERTAKER. H B Wyllpert ADDRESS 2236 Frederick Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96875

CERTIFICATE OF DEATH.

D 96875

1-PLACE OF DEATH

City of BALTIMORE: (No. 836 Calhoun St., 16 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary S. Tice

(a) Residence No. 836 Calhoun St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Tice

6-DATE OF BIRTH (month, day and year) Dec 2-1856

7-AGE 68 yrs. 3 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (City or town) (State or Country) Balto. Md.

PARENTS:

10-NAME OF FATHER. Wm Pearce

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER. Mary Smith

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Balto. Md.

14- (Informant) Dau Theresa

(Address) 834 Calhoun St.

15- Filed Robert P. Harrison, Registrar

JUN 30 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 30/25

I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 29, 1925; that I last saw h alive on May 29, 1925 and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas. C. McCarthy M. D.

, 19 (Address) 2410 Edmondson Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Jun 2 1925

20-UNDERTAKER. J. B. Kupfrian ADDRESS 1850 W. Baltimore

Spec.—1-10-21—M&T—1500 Blks.

(Cunville)

D 96876 HEALTH DEPARTMENT—CITY OF BALTIMORE 021

CERTIFICATE OF DEATH. 74 D 96876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2520 St Paul ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Cunville

(a) RESIDENCE NO. 2520 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Cunville

6 DATE OF BIRTH (month, day, and year): Sept 12 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hafford Co. Md

PARENTS

10 NAME OF FATHER: Geo. H. Arthur

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hafford Co. Md

12 MAIDEN NAME OF MOTHER: Susan Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hafford Co. Md

14 Informant: Susan Reynolds (Address) 1412 Patterson Park Ave

15 [illegible] 0 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mch 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 23 . 1925 to Mch 29 . 1925

that I last saw h[illegible] alive on Mch 28 . 1925

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Hypertension Pneumonia

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) C. C. Sumwalt, M. D.

1925 (Address) 4209 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery Balto Md — DATE OF BURIAL: Mch 31 1925

20 UNDERTAKER: E LeRoy Stiffler — ADDRESS: 125 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96877

D 96877

CERTIFICATE OF DEATH.

16-91-002

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2762 West Lafayette Ave. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....Benjamin W. Bailey.....

(a) Residence No...2762 West Lafayette Ave.....St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): MARRIED

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Cherry Bailey

6-DATE OF BIRTH (month, day and year): Sept. 3 1856

7-AGE: 66 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Grocery Man

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer: Self

9-BIRTHPLACE (city or town) (State or Country): Greensville Co. Va.

PARENTS.

10-NAME OF FATHER: Cadmus Lawson Bailey

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Greensville Co. Va

12-MAIDEN NAME OF MOTHER: Elizabeth Norrick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14-

(Informant): Mrs. Rosa Cherry Bailey

(Address): 2762 West Lafayette Ave.

15-

Filed....., 192.....

Robert F. Harrison, Registrar.

Burial Permit Clerk.

D 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 28 1925

17- I HEREBY CERTIFY, That I attended deceased from May 15 1922 to Mar 28 1925

that I last saw him alive on Mar 28 1925

and that death occurred, on the date stated above, at 11.55 P m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

Oedema of Lungs (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) John A. Strahand, M. D.

3/29, 1925 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Lorraine Cem	March 31 1925
20-UNDERTAKER.	**ADDRESS**
Varick B Cook	1003 N. Bond St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96878

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96878

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 316 E. 22nd St., 17 Ward) Registered No. 101-04

2-FULL NAME Joshua Scott Dew

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 316 E.22nd St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lucretia Hall Dew

6-DATE OF BIRTH (month, day and year) Feb. 17th, 1849

7-AGE: 76 yrs. 1 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Secretary

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Union Trust Company

9-BIRTHPLACE (city or town) (State or Country): England

PARENTS.

10-NAME OF FATHER: John Dew

11-BIRTHPLACE OF FATHER (city or town) (State or Country): England

12-MAIDEN NAME OF MOTHER: Elizabeth Scott

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Scotland

14-

(Informant): John Hall Dew

(Address): 2103 Poplar Grove Street

15-

Filed 30 1925 1925 Robert F. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from 3/25, 1925, to 3/29, 1925, that I last saw h[illegible] alive on 3/29, 1925, and that death occurred, on the date stated above, at 5.08 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Myocardial weakness

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. D. Leharde M. D.

3-30, 1925 (Address) 1503 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Co. DATE OF BURIAL: 3?, 19

20-UNDERTAKER: [illegible] ADDRESS: [illegible]

Spec.—1-10-21—M&T—1500 Bks.

96879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 96879

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital | - 2 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dominick Grogan

3 (a) RESIDENCE No. 618 S. Belnord Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	57 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of Industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Patrick Grogan

11 BIRTHPLACE OF FATHER (city or town) England (State or country)

12 MAIDEN NAME OF MOTHER Mary Grogan

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed Robert F. Harrison, Registrar

MAR 30 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1925

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1925 to March 28 1925.

that I last saw him alive on March 27, 1925

and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) yrs. 7 (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller M. D.

3/30 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cem. DATE OF BURIAL Mch 31 1925

20 UNDERTAKER Lilly & Zirkin ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

D 96880 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. + 167

D 96880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. De Soto Apts. 35+ Greenway ST., 17 WARD) - 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy E. Stover

(a) RESIDENCE No. De Soto Apts. 35th. + Greenway WARD (Tennessee.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander M Stover

6 DATE OF BIRTH (month, day, and year) Dec. 8- 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	85	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer ~

9 BIRTHPLACE (city or town) (State or country) Bowmans Creek - Tenn.

PARENTS

10 NAME OF FATHER Lawrence Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bowmans Creek Tenn

12 MAIDEN NAME OF MOTHER Elsie Maines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bowmans Creek Tenn.

14 Informant (Address) Mrs. E. B. Harrison 1 De Soto Apts. Baltimore

15 MAR 30 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to 3 - 31, 1925

that I last saw h alive on 3 - 31, 1925

and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY ~
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No -

What test confirmed diagnosis? ~

(Signed) W H Gawtrey, M. D.

3/3, 1925 (Address) Hdq. 3rd C.A. U.S. Army.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jonesboro. Tennessee

DATE OF BURIAL March 31, 1925.

UNDERTAKER Mrs. Mrs. John W. Teufel & Son

ADDRESS 501 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 9688I

D 9688I

CERTIFICATE OF DEATH

6 - 3 24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. J. Webber

(a) RESIDENCE No. 2267 N. Glover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	71 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Webber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Webber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed MAR 31 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to March 30, 1925, that I last saw him alive on March 29, 1925, and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Cerebral Hemorrhage (left hemiplegia)

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. E. Miller, M. D.

7/30/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	April 1925
20 UNDERTAKER	ADDRESS
Johnmark Lapides	1004 Fulton Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96882

100-901

D 96882

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 S. Wolfe ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Fecher.

(a) RESIDENCE NO. 402 S. Wolfe ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? 59 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced (or) WIFE of HUSBAND of the late Catharine Fecher

6 DATE OF BIRTH (month, day, and year) April 9th 1838

7 AGE Years	Months	Days	If LESS than 1 day, hrs or ... min.
85	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary S. Fecher (Daughter)

(Address) 402 S. Wolfe St.

15 MAR 31 1925 ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1925

17 I HEREBY CERTIFY, That I attended deceased from March 21— , 1925 , to March 28— , 1925 ,

that I last saw h— alive on March 28 , 1925 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senility—

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia —

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank A. Brescia , M. D.

, 19 (Address) 125 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	March 30th 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

Stec—12-23-21—E.B.R.S.—400 Blks.

D 96883

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 101-001

D 96883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital Ward) 4-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs Emma Biddison

(a) Residence No. Sykesville Md St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Biddison

6-DATE OF BIRTH (month, day and year) 1872

7-AGE. 53 yrs. mns. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) John N. Biddison

(Address) R.F.D. Sykesville, Md.

15- MAR 31 1925 ROBERT B. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/31/25

17- I HEREBY CERTIFY, That I attended deceased from 3/20/25 19 to 3/31/25 19

that I last saw her alive on 3/31/25

and that death occurred, on the date stated above, at 1:55 a m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

Cholelithiasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Drainage of Gall Bladder

Did an operation precede death? Yes Date of 3/28/25

Was there an autopsy? Yes

What lest confirmed diagnosis? Cholecystitis

(Signed) R. W. Galley M. D

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Carroll Co., Md Freedom Cemetery

DATE OF BURIAL. Apr 2 1925

20-UNDERTAKER. C. M. Watts

ADDRESS Winfield, Md.

D 96884

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 96884

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Ridgely ST. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R Cook

(Residence in Baltimore: No. 1124 Ridgely St. 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Feb 24, 1887 (Month) (Day) (Year)

7-AGE: 37 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ole

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Wm Cook

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary E Mahaney

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillie Cook

(Address) 1124 Ridgely

15- Filed ..... 191.....

ROBERT B. KRAUTER, Burial Permit Clerk REGISTRAR

APR 2 1925

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 30 (Month) (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to, March 30 1925, that I saw him alive on March 25 1925, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis.

(Duration) Cont 10 da yrs. mos. ds.

Contributory (SECONDARY) Exhaustion of Sepsis

(Duration) Cont 5 da yrs. mos. ds.

(Signed), O Hann M. D.

March 30 1925 [Address] 1215 Hanover St

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Westen

DATE OF BURIAL: April 2 1925

20-UNDERTAKER: John Fields

ADDRESS: 1200 W Fayette

Cor.—1-12-23—M&T—100 Bks.

D 96885 HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 D 96885

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 304 N. Gilmor ST., 19 WARD 1

2-FULL NAME Annie Bertha Hatkine

(a) RESIDENCE NO. 304 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colo	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 18th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Mitchell Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Augusta Hatkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Augusta Hatkins
(Address) 304 N. Gilmor St

15 Filed MAR 31 1925 ROBERT B. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to her death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. — mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Geo. B. Horton M. D.
(Coroner)

March 30th 1925 (Address) Curtis Bay, Balto, Md.

*State the Disease Causing Death, or in deaths from Violence, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Town

DATE OF BURIAL 3-31 1925

20 UNDERTAKER Joseph Gourley

ADDRESS 14 Wilkens ave

D 96886

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

18 1 185

D 96886

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millen Palmer Kraft

(Residence in Baltimore: No. 115 Parkin St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~Single~~, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

6-DATE OF BIRTH. Feb (Month) 26 (Day) 1909 (Year)

7-AGE. 16 yrs. 1 mns. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Consignee and Jobber

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, William C. Kraft

11-BIRTHPLACE OF FATHER, (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER, Nettie Greve

13-BIRTHPLACE OF MOTHER, (State or Country) Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nettie White

(Address) 115 Parkin St

Filed MAR 31 1925 192.... ROBERT B. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 29 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said ~~Inquest, au~~ ~~topsy~~ or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Ruptured Liver

about 8 hours
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fall while at play

(Duration) ....yrs. ....mos. ....ds.

(Signed) T.K. Gorman M. D.
(Coroner)

3 30 1925 (Address) 117 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. April 1 1925

20-UNDERTAKER. Jos Joerdens Son ADDRESS 207 S. Para

Spec.—1-10-21—M&T—1500 Blks.

96887

HEALTH DEPARTMENT—CITY OF BALTIMORE

+41 ✓ D 96887

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 11-2 WARD)

2-FULL NAME Delaware Gaines

(a) RESIDENCE NO. Spanows Point ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ~~Williamsburg~~
(State or country) Virginia

PARENTS

10 NAME OF FATHER Willeden Gaines

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Not Known

14 Informant Bethlehem Steel Co
(Address)

15 Filed. MAR 31 1925 ROBERT M. KRAUTER, Registrar
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-25 19

17 I HEREBY CERTIFY, That I attended deceased from 3-16-25, 19..... to 3-30-25, 19.....,
that I last saw h- alive on 3-29-25, 19.....,
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Septicemia - from Infection
of right leg

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Spanows Point
Did an operation precede death? No Date of 3/21/25
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J W B Bentley, M. D.
Mar 31 1925 (Address) 425 N. Carline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Phoenix Md	Mar 31 1925
20 UNDERTAKER John F Denny	ADDRESS 715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

96888

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96888

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 41 S. Fulton Avenue St., 19 - 12 Ward) 9-1

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Signee Virginia Harman

(a) Residence No. 41 S. Fulton Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced; (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 6, 1858

7-AGE,	If LESS than 1 day,
66 yrs. 5 mos. 24 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). Howard County
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Phillip G. Harman

11-BIRTHPLACE OF FATHER (city or town). Howard County
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Eliza J. Buckingham

13-BIRTHPLACE OF MOTHER (city or town). Howard County
(State or Country), Maryland

14- (Informant) M. E. Buckingham

(Address) 41 S. Fulton Avenue

15- Filed 3-31, 1925, 19: Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mar. 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 14, 1924, to March 30, 1925, that I last saw her alive on March 29, 1925, and that death occurred, on the date stated above, at 1 P. m. The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. Unknown mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Phillip Hull, M. D.

3-30, 1925 (Address) 106 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Lauvorr Md	Mar 31 19 25
20-UNDERTAKER.	ADDRESS
Chas. B. Cook	103 W. Pratt

Spec. 1-10-21 M&T 1500 Blks.

D 96889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 D 96889

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N Eden St., 5 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Williams

(a) RESIDENCE NO. 617 N Eden St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Earnest Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Amelia Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Alena Johnson (Aunt)
(Address) 617 N Eden St

15 Filed MAR 31 1925 19 ROBERT B. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1925, to March 30, 1925, that I last saw him alive on March 28, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchi

(duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical

(Signed) R J U, M. D.

3/31, 19 25 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ustary Cem	3/31 1925
20 UNDERTAKER	ADDRESS
Jas. M. Skinner	1620 E. Mad st

Spec.—1-10-21 M&T—1500 Blks.

96890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

101- D 96890

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Register ST., 2 WARD)

2-FULL NAME Joseph Irwin

(a) RESIDENCE NO. 215 Register ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Irwin

6 DATE OF BIRTH (month, day, and year) Nov 11 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Indianapolis, Ind.
(State or country) Ind.

PARENTS

10 NAME OF FATHER Richard Irwin

11 BIRTHPLACE OF FATHER (city or town) Indianapolis
(State or country) Indiana

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant Mary Irwin
(Address) 215 Register

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MAR 31 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27 1925.

17

I HEREBY CERTIFY, That I attended deceased from Mar 28 1925 to Mar 29 1925.

that I last saw h. alive on Mar 28 1925

and that death occurred, on the date stated above, at 10.50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Bernard Sam, M. D.

, 19 (Address) 35 S Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem	3/31 1925

20 UNDERTAKER Jas. M. Skinner ADDRESS 1625 E. Madison

Spec.—1-10-21—M&T—1500 Bks.

D 96891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96891
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Poppleton ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Cornelius

(a) RESIDENCE No. 312 S. Poppleton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4, 1842

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Andrew Dicks

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary McBlee

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs Eugene Manning
(Address) 312 S. Poppleton St

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28/1925

17 I HEREBY CERTIFY, That I attended deceased from 3/27, 1925, to 3/28, 1925, that I last saw her alive on 3/27, 1925, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis
Chr Inst. Nephr.
Hypertension
(duration) — Years

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Long, M. D.

3/30/25 (Address) 710 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's in Hampden — DATE OF BURIAL: April 1 1925

20 UNDERTAKER George J. Smith — ADDRESS 542 Hollins St

ROBERT A. KRAUTER
MAR 31 1925
BUREAU OF VITAL STATISTICS

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96892

CERTIFICATE OF DEATH.

45 D 96892

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Maryland ST., 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C. Blome

(a) RESIDENCE NO. 3800 Liberty Hgts ST. Ave WARD Balto md -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Henkle Blome

6 DATE OF BIRTH (month, day, and year) April 20, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 045

9 BIRTHPLACE (city or town) Maryland -
(State or country)

PARENTS

10 NAME OF FATHER George Blome

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Ella Rullman

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Mrs Bessie Henkle Blome
(Address) 3800 Liberty Heights Ave

15 Filed MAR 31 1925 ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1925, to March 30 1925.
that I last saw him alive on March 30, 1925
and that death occurred, on the date stated above, at 3:50 p m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Generalized Carcinoma.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 2 '25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W Warren Walker M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	April 1 1925

20 UNDERTAKER George J. Smith ADDRESS 532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

D 96893

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

D 96893

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 26-7 WARD)

2-FULL NAME Charles T. Bittler (Burrier)

(a) RESIDENCE NO. Bay View ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mns. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): ~~Single~~ Widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or WIFE of): Angelina Burrier

6 DATE OF BIRTH (month, day, and year): 1848 unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Raymond Burrier

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Burrier

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29/25

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1925, to March 29, 1925, that I last saw him alive on March 29, 1925 and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller M. D.

3/30. 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery DATE OF BURIAL: March 31 1925

20 UNDERTAKER: Edwin Cook ADDRESS: 501 E. Monument St.

Spec- 12-23-21—E.B.R.S.—400 Bks.

D 96894

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96894

CERTIFICATE OF DEATH.

94-801

8-1

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2039 Cliftwood Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August G. Tegeler

(a) Residence No. 2039 Cliftwood av St., ... Ward.....

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of ~~(or) WIFE~~ of Magdelena Tegeler

6-DATE OF BIRTH (month, day and year) June 7 1865

7-AGE. 59 yrs. 9 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Printer

(b) General nature of industry, business, or establishment in which employed (or employer). 063

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS

10-NAME OF FATHER, George Tegeler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14- (Informant) Mr. Adam Greilbrenner

(Address) 2039 Cliftwood Ave

15-

Filed 192

ROBERT R. KRAUTER, Registrar.

MAR 31 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 29 1925

17- I HEREBY CERTIFY, That I attended deceased from March 18 1925 to March 29 1925 that I last saw him alive on March 28 1925 and that death occurred, on the date stated above, at 12:35 A. M. The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Nephritis or Uraemia

(Duration) ..... yrs. ..... mos. 2 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Eisenberg M. D.

3/29 1925 (Address) 2037 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer cemetery

DATE OF BURIAL. April 1 1925

20-UNDERTAKER, Henry Horn & Son

ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96895 ~~PLACE~~ OF DEATH

179 D 96895

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1622 Druid Hill Ave. St. 14-1 WARD)

2-FULL NAME George Carroll

(a) RESIDENCE NO. 1622 Druid Hill Avenue ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE~~ of) Unknown

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sarah Carter (Address) 1023 Monroe St

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-25 19

17 I HEREBY CERTIFY, That I attended deceased from 3-6-25, 19 , to 3-29-25, 19 , that I last saw h— alive on 3-28-25, 19 , and that death occurred, on the date stated above, at 6 o'c a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Ch. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

3/31, 1925 (Address) 425 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	3/31 1925
20 UNDERTAKER: Samuel D. Hensley	ADDRESS 578 N. Bradford St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96896

CERTIFICATE OF DEATH.

17-2 101-001

REGISTERED NO. D 96896

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 571 W. Preston ST.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Wilson

(Residence in Baltimore: No. 571 W. Preston St.: 27 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. ? ..... (Month) ..... (Day) 1873 (Year)

7-AGE. 51 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Princess Anne, Md

PARENTS.

10-NAME OF FATHER. Isaac Cottman

11-BIRTHPLACE OF FATHER (State or Country), Princess Anne, Md

12-MAIDEN NAME OF MOTHER Annie Dixon

13-BIRTHPLACE OF MOTHER (State or Country), Princess Anne Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Mason

(Address) 571 W Preston St

15- Filed MAR 31 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 29 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/01 1925, to 3/29 1925, that I saw her alive on 3/28 1925. and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Ex. Intemperance

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. L. Slaughter, M. D.

3/30, 1925. (Address) 637 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Laurel, Del. DATE OF BURIAL. 4/1, 1925

20-UNDERTAKER. Samuel D. Hensley ADDRESS 1328 W Baltimore St

Spec. 6-9-19—H. P. Co.—1000 Bks.

D 96897 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96897

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 346 Ut. Oliver Lane ST.: 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Laubatz

(a) RESIDENCE. No. 346 Ut. Oliver Lane ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wilhelmine Laubatz

6 DATE OF BIRTH (month, day, and year): Feb 5 / 1850

7 AGE: Years 75 Months 10 Days 1 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Marshall Va.

PARENTS

10 NAME OF FATHER: George Laubatz.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Cath. Lemon

(Address) 3336 Fredk. Ave.

15 Filed MAR 31 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1924, to March 30th, 1925, that I last saw h-ive on March 30th, 1925, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Carcinoma of Larynx

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchic Coma Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Chemical

(Signed) Leo. H. Lautenbach, M. D.

3-31, 1925 (Address) 2215 N. Howard Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: April 2, 1925

20 UNDERTAKER: Chas. W. Dill.

ADDRESS 3109 Fredk. Ave

Spec.—1-10-21—M&T—1500 Blks.

96898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96898

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Whitecroft ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Lee

(a) RESIDENCE NO. 1206 Whitecroft ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 30-1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boot blacke

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe shining Stand

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Balto. City Md

PARENTS

10 NAME OF FATHER Chas. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Frances Bennett

(Address) 1206 Whitecroft St

15 Filed MAR 31 1925, 19 ROBERT B. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29- 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1925, to Jan. 29-, 1925, that I last saw him alive on Jan. 28-, 1925, and that death occurred, on the date stated above, at 6-15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) about — yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Chronic Poverty myocarditis

(duration) about — yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine Exam.

(Signed) Chas. C. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: April 1st 1925

20 UNDERTAKER A. Jones | ADDRESS: W. Lafayette Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96899 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH. D 96899

1-PLACE OF DEATH

City of BALTIMORE: (No. 116 Elm Ave Curtis Bay 25 - 11 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lentz

(a) Residence No. 116 Elm. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male. | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6-DATE OF BIRTH (month, day and year) 1882

7-AGE. 43 yrs. mos. ds. | If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not Known

9-BIRTHPLACE (city or town) (State or Country), Austria - Bohemia

PARENTS.

10-NAME OF FATHER, Egnots Lentz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Austria Bohemia

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Austria Bohemia

14-(Informant) Anna Lentz

(Address) 116 Elm Ave Curtis Bay

15-

MAR 31 1925 ROBERT S. KRAUSE Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 30/25

17- I HEREBY CERTIFY, That I attended deceased from Mar. 25 19 25 to Mar. 30 19 25

that I last saw him alive on 3/30 19 25

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) J. Thurnmyer M. D.

, 19 (Address) 1340 Chapel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill | DATE OF BURIAL April 2. 1925

20-UNDERTAKER, August Paseka | ADDRESS 2406 Ashland ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96900

CERTIFICATE OF DEATH.

D 96900

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. nr. Mount ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Weinberg

(a) RESIDENCE NO. 1211 Laurens St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Weinberg

6 DATE OF BIRTH (month, day, and year) Feb. 25, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saloon-Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Joseph Weinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Selina Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs. Annie Weinberg

(Address) 1211 Laurens St.

15 Filed MAR 31 1925 19 ROBERT A. KRAUTER Registrar

Medical Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30th 1925

17

I HEREBY CERTIFY, That I attended deceased from February 2nd, 1925, to March 30th, 1925, that I last saw him alive on March 30th, 1925, and that death occurred, on the date stated above, at 11.54 p. m.

The CAUSE OF DEATH* was as follows:

Staphylococci septicaemia

(duration) — yrs. 7 mos ds.

CONTRIBUTORY (Secondary) pulmonary oedema

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? not Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical data

(Signed) J. L. Szucs, M. D.

19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	4/2/1925
20 UNDERTAKER	ADDRESS
David Sondheim	11 W. Mt. Royal Ave

D 96901

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 N. Mount ST.; 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie A. Johnson Scott

(a) RESIDENCE. No. 1514 N. Mount. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Scott.

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (Home) 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md

PARENTS

10 NAME OF FATHER Murray Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Katie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md.

14 Informant (Address) Katie Addison 902 Madison St

15 Filed MAR 31 1925 Registered ROBERT A. KRAUTER Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 29th, 1925, to Mar 30th, 1925, that I last saw her alive on Mar 29, 1925, and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy (duration) — yrs. — mos. One ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) — yrs. — mos. One ds.

18 Where was disease contracted if not at place of death? 514 Mount St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) C. Heflick, M. D.

Mar 30th 1925 (Address) 1st Div

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemty	4/2/25

20 UNDERTAKER ADDRESS

Jno. Geo. H. Holland 1631 Druid Hill

D 96902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96902

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 22-100-001 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Crist.

(Residence in Baltimore: No. Friendly Inn, 307 S. Sharp St. St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. Do not know. 1.....
(Month) (Day) (Year)

7-AGE.			If LESS than 1 day.
54 yrs.	mos.	ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Pennsylvania.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Rrport C.D.

(Address).....

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.
Cardiac Embolism.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

Mch 30, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 307 E. Sharp St.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND

DATE OF BURIAL. ..... 192..

20-UNDERTAKER. Health.

ADDRESS

MAR 31 1925 RUTH A. KRAUSE, Social Service Clerk

0324 THE MORGUE.

Body at city morgue

D 96903 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C 18-137

City of BALTIMORE: (No. 908 Sarah ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Johnson

(Residence in Baltimore: No. 908 Sarah ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col	Dont Know

6-DATE OF BIRTH: Dont Know (Month) (Day) 1..... (Year)

7-AGE: 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Dont Know

PARENTS:

10-NAME OF FATHER: "

11-BIRTHPLACE OF FATHER, (State or Country): " "

12-MAIDEN NAME OF MOTHER: "

13-BIRTHPLACE OF MOTHER, (State or Country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- APR 31 1925 Filed 192 ROBERT A. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, au~~topsy or inquiry.~~) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Dont Kow yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H K Grauel M. D. (Coroner) H K Grauel M. D.

192 (Address) 3130 25

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND, DATE OF BURIAL: APR 31 1925 19

20-UNDERTAKER: Commissioner of Health, ADDRESS

Special Permit Clerk

THE MORGUE. (0325)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96904

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

170

5-1

D 96904

Registered No. C.....

City of BALTIMORE: (No. 432 N.High St. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Peter Weisz.

(Residence in Baltimore: No. 432 N.High St. St.; yrs. ? mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. Do not know. 1.....
(Month) (Day) (Year)

7-AGE. 32 yrs. ---------- mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ex Soldier.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Russia.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Byrnes.

(Address) 432 N.High St.

15- Filed MAR 31 1925 192 ROCCO J. KRAUTER, Registrar.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 20, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in the chest.
suicide.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Bernhardt M. D.
(Coroner)

March 30 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND. DATE OF BURIAL.

20-UNDERTAKER. Commissioner Health. MAR 31 1925

PET. ZIM & WEISSERT.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96905 CERTIFICATE OF DEATH.

161-001

D 96905

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2581 N Lombard ST. 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Domen

(a) RESIDENCE NO. 2581 N Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/27-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Frank Domen

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Cronow

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14

Informant

(Address)

15

Filed ..... 19 .....

Registrar

MAR 31 1925 0:32

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 27, 1925, to Mar 27, 1925, that I last saw him alive on Mar 27, 1925, and that death occurred, on the date stated above, at 11:40 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

5 mos ulcus

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Cahn M. D.

3/27 1925 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND.
ROBERT N. KRAUTER,

Spec. 1-10-31c MST—1500 Blks.

D 96906

179742

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96906

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 24 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blinline

(a) RESIDENCE NO. 1255 William ST. ll WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Blinline

6 DATE OF BIRTH (month, day, and year) —? — 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Nicolas Eisel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 31 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to March 30 1925.

that I last saw her alive on March 30, 1925.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

16 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes - Infected

scalp (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Mar. 25

Was there an autopsy? No

What test confirmed diagnosis? Urinanalysis. Physical exam.

(Signed) F. R. Reichert M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 4/2 1925

20 UNDERTAKER J. Talley Ward

ADDRESS 1315 Eutaw

Spec.—6-9-19—H. P. Co.—1000 Rks.

D 96907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96907

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Eagle ST. 19 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Randolph Sank,

(a) RESIDENCE. No. 1833 Eagle ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Sank

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Aged	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer B. & O. Railroad

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard R. Sank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Katie Sank, (Address) 1933 Eagle St.

15 Filed MAR 31 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1925.

17 I HEREBY CERTIFY, That I attended deceased from March 28 1925, to March 30, 1925, that I last saw him alive on March 30, 1925, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Autopsy

(Signed) John D. Queen, M. D.

(Address) 1507 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 2, 1925

20 UNDERTAKER Wilson Cook ADDRESS 507 Edmondson Ave

S. A. FEE

Spec.—1-10-21—M&T—1500 Bks.

D 96908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 D 96908

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Clocker

(a) RESIDENCE NO. 1470 Woodall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~Wife of~~ Ella Crocker

6 DATE OF BIRTH (month, day, and year) Dec 25 - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, md

PARENTS

10 NAME OF FATHER John B. Clocker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

MAR 31 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17

I HEREBY CERTIFY, That I attended deceased from July 17 1924 to March 30 1925, that I last saw him alive on March 30 1925 and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

Tubes Dorsalis

(duration) ? yrs. mos. days

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W L Miller, M. D.

3/31/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Apr 2, 1925

20 UNDERTAKER ADDRESS

Ulm Bros Undertakers

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96909

CERTIFICATE OF DEATH.

10 D 96909

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. ST.: 8-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hope Kendall

(a) RESIDENCE. No. 1511 N. Luzerne ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Arthur W Kendall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Arthur W. Kendall
(Address) N. Luzerne Ave

15 Filed MAR 31 1925, 19 — ROBERT A. HOLLAND Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1925

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1925, to March 31, 1925, that I last saw h-r alive on March 31, 1925, and that death occurred, on the date stated above, at 2-10 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? positive Dipk Culture

(Signed) Myron S Tuck, M. D.

3/31 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	April 1 1925
20 UNDERTAKER	ADDRESS
Wilson Leo & Son	E Monument

D 96910

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96910

CERTIFICATE OF DEATH.

4-190

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 717 W. Mulberry St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Dupphie

(Residence in Baltimore: No. 717 W. Mulberry St. St. 29 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-[redacted] — 4-COLOR OR RACE, Col — 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. June (Month) 28 (Day) 1876 (Year)

7-AGE. 49 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). Own

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Jesse Burton

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Eliza Jones

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Dupphie

(Address) 717 Mulberry St

15-

Filed 31 1925 192.....

Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 29 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsies or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) ..... yrs. ..... mos. Dont Know ds.

CONTRIBUTORY (Secondary) Dont Know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. K. Jones M. D.
(Coroner.)

3 30 1925 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. Mt. Just Vaults DC — DATE OF BURIAL. Mar 2. 1925

20-UNDERTAKER, Sam. N. Chase Inc — ADDRESS 1400 Mosher St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 96911

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1815 Druid Hill Ave. WARD) 14 - 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Holmes

(a) RESIDENCE. No. 1815 Druid Hill Ave. St.,

(Usual place of abode) WARD.

Length of residence in city or [redacted] where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie M. Holmes

6 DATE OF BIRTH (month, day, and year) Sept 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caterer

(b) General natore of industry, bosiness, or establishment in which employed (or employer) 019

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Charlotte Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lillie M. Holmes

(Address) 1815 Druid Hill Ave

15 Filed ..... 19 Robert F. Harrison, Registrar

1 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to March 29, 1925,

that I last saw h[illegible] alive on March 29, 1925,

and that death occurred, on the date stated above, at 1 0' ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast Extension.

.....(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) As above

.....(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam.

(Signed) Charles E. Fiore, M. D.

19 (Address) 712 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Gem	April 1st 1925
20 UNDERTAKER	ADDRESS
Jos. M. Chase & Son	1450 W. Baltimore

Spec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96912

CERTIFICATE OF DEATH.

101-001

D 96912

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 N. Dallas ST., 8-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Domenick DeFazio

(a) RESIDENCE No. 1403 N Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth DeFazio

6 DATE OF BIRTH (month, day, and year) 3/13 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Samuel DeFazio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa Galla

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Eliz DeFazio

(Address) 1403 N Dallas St

15 Filed ....., 19 Robert P. Harrison, Registrar

3 31 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 26, 1925, to Mar 29, 1925; that I last saw h alive on Mar 29, 1925; and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Congested Pneumonia

(duration) ..... yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Wm Wallace, M. D.

Mar 31, 1925 (Address) 1038 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	April 1925
UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96913

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3521 Clairmount Ave. (St.) (Ward) 26 - 6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth P. Keeney

(a) Residence No. 3521 Clairmount Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 8 mos. 17 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single~~, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND of (or)~~ WIFE of Maurice D. Keeney

6-DATE OF BIRTH (month, day and year) 7. 12. 87

7-AGE, 37 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. (State or Country) Md.

PARENTS.

10-NAME OF FATHER Leopold N. Ramsel

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Teresa Halbert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14-INFORMANT (Informant) Maurice D. Keeney

(Address) 3521 Clairmount Ave

15-Filed [illegible], 192 Robert F. Harrison, Registrar.

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3. 30. 25

17-I HEREBY CERTIFY, That I attended deceased from December 21st 24 to March 30th 25

that I last saw h.. alive on March 30th 25

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

a Carcinoma of Lower Extremity

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cancer of Breast

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 20-24

Was there an autopsy? No

What test confirmed diagnosis? Blood test

(Signed) Hilbert A. Mayer M. D.

3/31, 1925 (Address) 1031 N. Calvert str

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Oak Lawn Cem DATE OF BURIAL, 4/2/1925

20-UNDERTAKER, John Ellicks ADDRESS 2008 Oaleans

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96914

CERTIFICATE OF DEATH.

D 96914

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Hanover ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cassie Rieman

(a) RESIDENCE. No. 1208 Hanover ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. E. Rieman

6 DATE OF BIRTH (month, day, and year) Nov. 5-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Conrad Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Schilling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. J. P. McCracken
(Address) 7010 Winfield Ave

15 Filed ....., 19.....

1 1925

Robert P. Harrison, Registrar

Burial Permit Clark.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924 to March 31, 1925, that I last saw h— alive on Mar 31, 1925 and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Ascites

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. Hammerbacher, M. D.

March 31, 1925 (Address) 835 Lytle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	4-3 1925

20 UNDERTAKER E & B Hank ADDRESS 115 E Lexington

Spec.—1-10-21—M&T—1500 Blks.

(Gill)

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 96915

CERTIFICATE OF DEATH.

10/1201 ✓

D 96915

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 Light ST., 22-2 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Gill

(a) RESIDENCE No. 712 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Gill

6 DATE OF BIRTH (month, day, and year) July 2 1847

7 AGE: Years 77 | Months | Days | If LESS than 1 day, ...hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Hendricks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Barbara Hayes

(Address) 712 Light St

15 Filed APR 31 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30/25 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 28/25, 19.., to Oct 30/25, 19.., that I last saw her alive on Oct 30/25, 19.., and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Contributory (Secondary) Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? yr

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H B Boll, M. D.

Oct 31/25, 19.. (Address) 1703 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem Co — DATE OF BURIAL: 11 3 1925

20 UNDERTAKER: E & J B Hardy — ADDRESS: 115 E Lexington

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96916 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96916

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 453 Brunswick St., 20 Ward) Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard E Stanocker

(a) Residence No. 453 Brunswick St., 20 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-Single, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Rose Stanocker

6-DATE OF BIRTH (month, day and year) Aug 4-1879

7-AGE. 45 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone Cutter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS

10-NAME OF FATHER. Fred Stanocker

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Agnes Tierney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14- (Informant) Mrs G Stanocker

(Address) 453 Brunswick

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3-24-26

17- I HEREBY CERTIFY, That I attended deceased from July 1 1924 to March 24 1926 that I last saw h[illegible] alive on March 28 1926 and that death occurred, on the date stated above, at 2A m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W A Hall M. D

3/29 1926 (Address) Druid

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem DATE OF BURIAL. 4/1 1926

20-UNDERTAKER. Geo A Farley ADDRESS Fulton Ave

Spec—12-23-21—E.B.R.S.—400 Bks. (Columbus Crosby)

D 96917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 001

D 96917

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 513 W Lee St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Columbus Crosby

(a) Residence No..... 513 W Lee St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) [illegible] 1854

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Va

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER, [illegible]

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), [illegible]

14- (Informant) Maud Crosby

(Address) 513 W Lee St

15- Filed ..... 19.. Robert P. Harrison, Registrar.

APR 1 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 29

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to March 29, 1925, that I last saw h[illegible] alive on March 28, 1925, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 29 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of [illegible]

Was there an autopsy? No

What test confirmed diagnosis? Observation and Symptoms

(Signed) R. P. Harrison, M. D.

March 30 1925 (Address) 712 S. Bond Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	Apr 2, 1925
20-UNDERTAKER. John H. Soadin	ADDRESS 1027 Hanover St

Spec.—1-12-23—M&T—500 Bks.

D 96918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 96918

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 18-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur M. Stevenson

(a) RESIDENCE No. 911 W. Fayette St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white ~~female~~	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Nellie Stevenson

6 DATE OF BIRTH (month, day, and year) Feb 27-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	-1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work wood worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer do not know

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Leo Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) " Maryland

12 MAIDEN NAME OF MOTHER Ruth Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " Maryland

14 Informant Nellie Stevenson (Address) 911 W. Fayette St

15 Filed 3 1 1925, 19 Robert P. Harrison, Registrar

Burial Permit clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-22, 1925, to 3-31, 1925, that I last saw her alive on 3-31, 1925, and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

T.B. Meningitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Syphilis T.B.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Newman B Friedman M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 4/2 1925

20 UNDERTAKER Chas P Crane & Son

ADDRESS 1180 N Royal ave

Cor.—1-12-23—M&T—100 Bks.

D 96919

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. ....

CITY OF BALTIMORE: (No. Union Protestant Hospital ST. ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Peters

(a) RESIDENCE No. 514 Rose Hill Terrace ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Aug-1-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	7	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry Peters

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Jane Turner

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) England.

14 Informant Mrs. A. E. Dilmond.
(Address) 514 Rose Hill Terrace

15 Filed ... 1925 ... 192 ... Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH was as follows:
Fracture of Base of Skull from Accident

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
(Coroner.)
Mar 31 1925 (Address) 1632 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	4/1/25 192
20 UNDERTAKER H. E. Hughes	ADDRESS 422 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

D 96920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96920

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Roland ave ST., 27-6 31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Pryce Dudley.

(a) RESIDENCE No. 201 Roland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ..min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Hiram G Dudley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary O Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Mary O. Holland 201 Roland Ave

15 Filed 3 1 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1918, to Mar. 30, 1925, that I last saw h.. alive on Mar. 29, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Abant (duration) 6 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? dont Know

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Martin J. Sloan M.D.

3.31.1925 (Address) 414 Professional Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem | DATE OF BURIAL: April 1 1925

20 UNDERTAKER: John O. Mitchell | ADDRESS: 120 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 9692 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 9692 E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 19-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Boone

(a) RESIDENCE NO. 318 ~~433~~ W. Bruce ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David Boone

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Carolina Boone

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address)

15 Filed 3 1 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925 to March 29, 1925, that I last saw him alive on March 28, 1925 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic Myocarditis (degenerative). Myocardial failure

(duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

3/22/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery

DATE OF BURIAL April 1 1925

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 322 N. Schroeder St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96922

CERTIFICATE OF DEATH.

57

D 96922

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 18-1 WARD)

2-FULL NAME Annie Meyers

(a) RESIDENCE NO. 1109 Sarah Ann ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joe Flowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lilly Slater

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed 3 1 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to March 28, 1925,

that I last saw her alive on March 28, 1925

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis (degenerative) Hypertension, myocardial failure

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

3/29 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL April, 1925

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 322 N. Schroeder

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96923

D 96923

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 428 Calvin Ave ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louise Bonttinger

(a) RESIDENCE NO. 428 Calvin Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Bonttinger

6 DATE OF BIRTH (month, day, and year) May 10-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Edward Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Rosalia Seig

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Informant Miss Florra Adams (Address) 428 N. Broadway

15 Filed Mch. 31 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Mch. 8, 1925, to Mch. 29, 1925, that I last saw h[er] alive on " " 1925 and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

about 10 yrs. mos ds.

(duration)

CONTRIBUTORY (Secondary) Cardiac paralysis

(duration) yrs. mos. 24 hrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. H. Hartman, M. D.

Mch. 30, 1925 (Address) 2214 Mayfield Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Apl 1- 1925
20 UNDERTAKER	ADDRESS
Milton W. Stahl	424 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96924

CERTIFICATE OF DEATH.

129 D 96924

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 11 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Carroll

(a) RESIDENCE NO. 919 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37 ? Hosp?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Municipal Hospital Records
(Address)

15 Filed APR 1 - 1925, 19 ... Registrar ROBERT P. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1925, to March 29, 1925, that I last saw her alive on March 29, 1925 and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows: Chronic nephritis Arteriosclerosis, hypertension, Myocardial failure

(duration) yrs. 7 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller. M. D.

3/31 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 3/31/25

20 UNDERTAKER Ann Easton ADDRESS 9K Pa ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 96925 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 96925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 838 Edmondson Ave. St., 47-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Hall

(a) Residence No. 838 Edmondson St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Mar

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1869

7-AGE, 55 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.
10-NAME OF FATHER Unknown
11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Lillie Hall
(Address) 838 Edmondson

15- Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar.
APR 1 - 1925 Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 28th 25

17- I HEREBY CERTIFY, That I attended deceased from March 1 19 25, to March 28 19 25
that I last saw h... alive on March 27 19 25,
and that death occurred, on the date stated above, at 8:1 m.
The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Unknown (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Failure of Cardiac
(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? Physical
(Signed) H. Howard M. D.
March 29 19 25 (Address) 909 Fayette E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MW Dulbo Ave	4/1/25
20-UNDERTAKER Samuel Easton	ADDRESS 916 Penna Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96926

CERTIFICATE OF DEATH. X 124 96926

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bradley Isaacs

(a) RESIDENCE NO. Glenedge, Howard Co., Md. ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 006

9 BIRTHPLACE (city or town) (State or country) Howard Co

PARENTS

10 NAME OF FATHER Isaacs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md Town

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md Howard

14 Informant (Address) Mrs Geo Isaacs 430 Gilmore Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-17-, 1925, to 3-31-, 1925.

that I last saw him alive on 3-31-, 1925

and that death occurred, on the date stated above, at 6 50 A m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) N. F. Parr, M. D.

3/31/1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	4-2-25
20 UNDERTAKER David Easton	ADDRESS 916 Eq Ave

Burial Permit Clerk

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96927

CERTIFICATE OF DEATH.

90 D 96927

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of Woodall St. St., 23-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hall.(C)

(Residence in Baltimore: No. 1135 Race St. St.; yrs., 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	Colored.	Married.

6-DATE OF BIRTH. Do not know. ....., 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
40 yrs. ---------- mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Hall.(C) wife.

(Address) 1135 Race St.

15- APR 1 - 1925 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

March 31 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	Apr 2 1925
20-UNDERTAKER Samuel Wemsley	ADDRESS 1728 W Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96928

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

22-1 197 D 96928

Registered No. C.....

City of BALTIMORE: (No. University Hospital. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Henry Parham.(C)

(Residence in Baltimore: No. 517 W.Lee St. St.; yrs., 13 mos.---ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH. March 7, 1897. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
28 yrs. 0 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Richmond, Va.

PARENTS.

10-NAME OF FATHER, George Parham.(C)

11-BIRTHPLACE OF FATHER, (State or Country). Virginaa.

12-MAIDEN NAME OF MOTHER, Florence Wills.(C)

13-BIRTHPLACE OF MOTHER, (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Parham.(C) brother.

(Address) 517 W.Lee St.

15-

Filed APR 1 1925 ROSE B. KRAUER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1925. (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in the abdomen.
Homicide.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

March 31, 192 5. (Address) 101 W. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?
517 W. Lee St. March 21, 1925.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	April 1 1925
20-UNDERTAKER. Samuel Brumley	ADDRESS 538 N Eddy St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96929

CERTIFICATE OF DEATH.

161-001

D 96929

1-PLACE OF DEATH Maryland Genl. Hospital

CITY OF BALTIMORE: (No.) ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Janis Jacobs

(a) RESIDENCE NO. 404 Loudon Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/28/25

7 AGE — Years — Months — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md Genl. Hosp. Balto. Md.

PARENTS

10 NAME OF FATHER Keefer Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick, Md.

12 MAIDEN NAME OF MOTHER Agnes Cumbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Agnes Jacobs

(Address) 404 Loudon ave.

15 Filed ..., 19... Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31/25 19

17 I HEREBY CERTIFY, That I attended deceased from 3/28/25, 19..., to 3/31/25, 19..., that I last saw her alive on 3/31/25, 19..., and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Congenital debility

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Sompayrac M. D.

(Address) MD Gen Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Apl 1 1925

20 UNDERTAKER: Edw. J. Cowan & Son

ADDRESS: 901 Hollins

Cor E. J. Cowan

APR 1 1925

Registrar

Spec.—1-10-21—M&T—1500 Bks.

D 96930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96930

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Dillon ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Swayne

(a) RESIDENCE NO. 2905 Dillon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Swayne

6 DATE OF BIRTH (month, day, and year) March 3. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER James M. Durham

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Margaret A. Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George F. Swayne

(Address) 2905 Dillon St

15 Filed APR 1 - 1925 ROBERT S. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1925 to Mar 30 1925.

that I last saw her alive on Mar 29 1925,

and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene Abdomen

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine & Abdomen

(Signed) Horace B Dillon, M. D.

3/31, 1925 (Address) 815 S Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Learned Cemetery, DATE OF BURIAL April 2 1925

20 UNDERTAKER H. Sander Sons ADDRESS 1210 East St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96931

CERTIFICATE OF DEATH.

D 96931

1-PLACE OF DEATH

City of BALTIMORE: (No. 1519 N Carey St St., 15-13 Ward) Registered No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J Harris Jr.

(a) Residence No. 1519 N. Carey St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Harris

6-DATE OF BIRTH (month, day and year) 1851

7-AGE 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). City

PARENTS.

10-NAME OF FATHER. Thos J Harris Sr

11-BIRTHPLACE OF FATHER (city or town) (State or Country). City

12-MAIDEN NAME OF MOTHER. Ardmore

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Paul J Harris

(Address) 1519 N Carey St

15- FILED APR 1 - 1925 ROBERT P. KRAUS Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 30 1925

17- I HEREBY CERTIFY, That I attended deceased from Feby 7 1925 to March 30 1925 that I last saw him alive on March 30 1925 and that death occurred, on the date stated above, at 3.20 P.M.

The CAUSE OF DEATH* was as follows:

Uremia - secondary to nephritis & large prostate - Cystitis.

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Nephritis - (Duration) Large prostate, cystitis mitral insufficiency. yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) Harry S McCarty M. D

3-31, 1925 (Address) 87 W Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetery DATE OF BURIAL. April 2 1925

20-UNDERTAKER. Samuel Wright ADDRESS 1364 N Carey

Spec.—1-10-21—M&T—1500 Blks.

D 96932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

D 96932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Third St ST., 76 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ludwig Sellmayer sr.

(a) RESIDENCE NO. 525 S. Third St ST., 76 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Sellmayer.

6 DATE OF BIRTH (month, day, and year) Aug. 16-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER George Sellmayer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Theresa Von Stiegen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Dora Sellmayer. (Wife)

(Address) 525 S. Third St.

15 Filed APR 1 - 1925 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24/25 19

17

I HEREBY CERTIFY, That I attended deceased from Mar 10, 1925 to March 24, 1925, that I last saw him alive on March 24, 1925, and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Fatty Degeneration of Heart (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Dean M. D.

4/1, 1925 (Address) 3907 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL April 2 1925

20 UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96933

CERTIFICATE OF DEATH.

4182 D 96933

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Pier No.2 Pratt St. St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Anderson.

(Residence in Baltimore: No. Aalesund, Norway. St.; yrs. None mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	?

6-DATE OF BIRTH. September 9, 1891
(Month) (Day) (Year)

7-AGE. 34 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor. 186
(b) General nature of Industry, business, or establishment in which employed (or employer). S/S Fort Gaines.

9-BIRTHPLACE, (State or Country). Aalesund, Norway.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Capt. H.R. Bieneman.

(Address) S/S Fort Gaines.

15- APR 1 - 1925 192 ROBERT B. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from the side of
S/S Fort Gaines.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

March 31 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Forest City Cemetery	April 1 1925
20-UNDERTAKER, Robt Turner	ADDRESS 1442 W Broadway

Cor.—1-12-23—M&T—100 Bks.

D 96934 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. Franklin Sq. Hospital ST., (WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irving C. Rinehart

(a) RESIDENCE NO. 1005 N. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura R. Rinehart

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	50	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Custom Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer Balto. Custom House

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Laura R. Rinehart
(Address) 2011 Md. Ave.

15 Filed APR 1 - 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31st 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Hemorrhage Brain
Shot Self in Head
(duration) Instantly yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Thos. H. B. Worton, M. D.
(Coroner)

March 31st, 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL* Union Bridge Md. DATE OF BURIAL April 1925

20 UNDERTAKER William Cook ADDRESS 502 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96935

D 96935

CERTIFICATE OF DEATH.

9-174-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. South Balto. General Hospital ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Gretsinger.

(a) RESIDENCE NO. 612 E. Thirty fifth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Gretsinger

6 DATE OF BIRTH (month, day, and year) Sept 21, 1858.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gustav Gretsinger

(Address) 612 E. 35th St.

15 Filed APR 1 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 31 1925

17 I HEREBY CERTIFY, That I attended deceased from march 29, 1925, to march 31, 1925, that I last saw her alive on March 31, 1925 and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

APOPLEXY.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On Street.

Did an operation precede death? no Date of xxx

Was there an autopsy? no

What test confirmed diagnosis? signs & symptoms

(Signed) J. H. Peterman, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Apr 3 1925

20 UNDERTAKER William Cook — ADDRESS 502 E Hatton

ATION is Very Important. See instructions on back of certificates.

D 96936 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96936

CERTIFICATE OF DEATH.

VR 4-001

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2704 Maryland Ave. St.) 12 3 (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Catherine Rodenmayer

(Residence in Baltimore: No. 2704 Maryland Ave

73-11-10
St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: April (Month) 20 (Day), 1851 (Year)

7-AGE: 73 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Francis L. Hilbery

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Sarah C. Abbee

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nettie Rodenmayer

(Address) 2704 Maryland Ave (Sayle)

15-

Filed APR 1 - 1925, 191...

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Mar (Month) 30 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

C. H. Heart Failure

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) John Morrissey M. D.
(Coroner.)

Mar 31, 1925 (Address) 3692 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL, April 1, 1925

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

(Instructions on back of certificate.)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96937 CERTIFICATE OF DEATH. 161-001 South 0115

D 96937 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Hampden ST., 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hancock

(a) RESIDENCE NO. 2713 Hampden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ddd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 FILED APR 1 - 1925 ROBERT N. KRAUTER, Vital Records Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 29. 1925.

17 I HEREBY CERTIFY, That I attended deceased from 3. 11. 25. 19 to 3. 29 19 25.

that I last saw him alive on 3. 28 19 25

and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

B Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchs Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no. What test confirmed diagnosis? Typical Findings

3 (Signed) J Edward Morris M. D.

29. 19 25 (Address) 107 E West n

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	MAR 30 1925

20 UNDERTAKER ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96938

CERTIFICATE OF DEATH.

74-002

D 96938

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. 14-1 WARD)

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Ausfinius C Pole

(a) RESIDENCE No. 2034 Madison Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. A.C. Pole

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	72	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doctor of Medicine

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arlington Md.

PARENTS

10 NAME OF FATHER Henry Pole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Arlington Md.

12 MAIDEN NAME OF MOTHER Cockburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cockburn

14 Informant Wife. Mrs. A. C. Pole

(Address) 2034 Madison Ave.

15 Filed APR 1 - 1925 ROBERT B. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1925

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to March 31, 1925, that I last saw him alive on March 31, 1925, and that death occurred, on the date stated above, at 12:35 p m.

The CAUSE OF DEATH* was as follows:

Ruptured Oesophageal Varix with Hematemesis (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Secondary anaemia cirrhosis Hilus No 2 (duration) yrs. mos. Three ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 3/29/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Elmore, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL April 1 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

How is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96939

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-0b 96939

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St. 27-12 Ward)

2-FULL NAME Lucy Mc Comas

(a) RESIDENCE No. 27 Rosecamp Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 69

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Barter

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Margaret Holland

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Municipal Hospital Records (Address)

15 APR 1 - 1925 ROBERT R. KRAUER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1925, to March 31, 1925.

that I last saw her alive on March 31, 1925

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

3/3/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

DATE OF BURIAL Apr 2 1925

20 UNDERTAKER Wm C. Miller & Son

ADDRESS 2334 Eastern Ave

IT IS very important. See instructions on back of certificates.

Size—12-23-21—E.B.E.S.—400 Blks.

D 96940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 D 96940

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Sullivan

(a) Residence No. 668 W. 36th St, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3/31/25.

7-AGE. ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or 15 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Williams Sullivan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Mary Madeline Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore, Md.

14- (Informant) John William Sullivan

(Address) 668 W. 36th St.

15-

Filed ... 192... Registrar.

APR 1 1925 ROBERT B. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/31/25.

17- I HEREBY CERTIFY, That I attended deceased from 3/31, 19 25 to 3/31, 19 25

that I last saw him alive on 3/31, 19 25

and that death occurred, on the date stated above, at 2:15 p.m.

The CAUSE OF DEATH* was as follows:

Premature.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Asphyxiation, Atelectasis

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) B. M. Rhoades M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Oak Lawn Cemetery	Apr. 2 19 25
20-UNDERTAKER	**ADDRESS**
Jno. E. Miller & Son	2334 Jefferson St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96941

CERTIFICATE OF DEATH.

10/-9 01 D 96941

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 815 N. Stricker ST., 16-7 WARD

REGISTERED NO.

(If deaths occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Short

(a) RESIDENCE NO. 815 N. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-22-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none - inf

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Bolding Short

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Lula Jackson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Lula Short (Mother)
(Address) 815 N Stricker St

15 Filed APR 1 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/30 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/29 1925, to 3/30 1925,
that I last saw him alive on March 30, 1925,
and that death occurred, on the date stated above, at 6 30 P m.
The CAUSE OF DEATH* was as follows:

Tbc of pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Exposure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical Exam

What test confirmed diagnosis?

(Signed) Chas J. Forman M. D.

(Address) 1 E Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dispatching Va Prince George Co

DATE OF BURIAL Apr 1 1925

20 UNDERTAKER Sam F Crawford

ADDRESS 1400 Mosher

IMPORTANT: Answer questions on back of certificate. See instructions on back of certificate.

FILMED

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96942

CERTIFICATE OF DEATH.

D 96942

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 22 E. Hamilton ave ST., Hamilton WARD) 11

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry P Mann

(a) RESIDENCE NO. 22 E. Hamilton Ave ST. Hamilton WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen E. Mann

6 DATE OF BIRTH (month, day, and year) Sept 21st 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	66	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Appraiser (Court)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Mann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Anna Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Henry P. Mann

(Address) 22 E Hamilton Ave Hamilton

15 APR 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1922, to Mar 30, 1925;

that I last saw h[illegible] alive on Mar 30, 1925;

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

Hemiplegia from arterio sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Mann M. D.

3/31, 1925 (Address) 472 N Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	April 2, 25
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Fallston

PLEASE READ carefully instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96943

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

D 96943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2679 St Benedict St., 20-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie M. Carroll

(a) Residence No. 2679 St Benedict St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Carroll

6-DATE OF BIRTH (month, day and year) March 16 1882

7-AGE. 43 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... None
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. R. H Byrd.

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Josephine Solon.

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Va

14- (Informant) John E. Carroll. (Address) 2679 St Benedict

15- Filed 1925 Robert F. Harrison, 192 Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 1 - 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 19 25 to March 31 19 25 that I last saw h.. alive on March 31 19 25 and that death occurred, on the date stated above, at 2 30 P.M. The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Sonny Glassman M D

April 1 1925 (Address) 1268 Mrestern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park Cem	April 4 1925
20-UNDERTAKER.	ADDRESS
E. A. Windefeld Jr	501 E 22 St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96944

66 96944

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Lovering Home 1000 E Fayette St.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mercie J. Minnick

(Residence in Baltimore: No. Lovering Home St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 64 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Own

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed 1925, 191.....
Robert P. Harrison,
Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15 E, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (Duration) .....yrs. .....mos. .....da.

CONTRIBUTORY (Secondary).....

..... (Duration) .....yrs. .....mos. .....da.

(Signed) .....M. D.
(Coroner.)
March 31, 1925, (Address) 1624 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ... 191
20-UNDERTAKER Commissioner Health.	ADDRESS

UNIVERSITY OF MARYLAND.

Dr. Wm. R. Woodall

Spec—12-23-21—E.B.S.S.—400 Blks.

D 96945

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 96945

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 915 Watson St., 3-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie Other

(a) Residence No. 915 Watson Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-Single, ~~Married~~, ~~Widowed~~, or Divorced. (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1881

7-AGE. 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) New York 0/0

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Samuel Moore

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER. Annie Hooper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) Annie Mays

(Address) 915 Watson St

15- Filed 1-1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 29-25

17- I HEREBY CERTIFY, That I attended deceased from March 21 19 25 to March 29 19 25 that I last saw h.. alive on March 29 19 25 and that death occurred, on the date stated above, at 3.30 P m. The CAUSE OF DEATH* was as follows:

Chronic Cardiac Valvular Disease

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of no

Was there an autopsy? -

What test confirmed diagnosis?

(Signed) Irvin Davidson M. D

, 19 (Address) 65 S. Exeter St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL. 19 25

20-UNDERTAKER. ADDRESS.

UNIVERSITY OF MARYLAND

Commissioner Health. 1- 1925

Per Wm. E. Woodall

Spec.—1-10-21—M&T—1500 Blks.

D 96946

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 38

CITY OF BALTIMORE: (No. 1455 Buchanan St ST., 17-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Whiting

(a) RESIDENCE NO. 2453 Buchanan St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 10, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Mitchell Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Katie M Robins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address)

15 1925 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10 .1925. to March 31 .1925.

that I last saw her alive on March 30 .1925.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Marasmus and Enteritis
Infection (Duodenal)

(duration) yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Enteritis Infection —

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Geo. H. Hall, M. D.

. 19 (Address) 426 623 Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL APR 1 - 1925 19

20 UNDERTAKER — ADDRESS

Robert P. Harrison, Burial Permit Clerk.

(Commissioner Health)

UNIVERSITY OF MARYLAND

PRINT in very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96947

CERTIFICATE OF DEATH.

90 D 96947

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Groveland Ave ST.) 28-1 (WARD)

2-FULL NAME Aurelia H. Hamilton

(a) RESIDENCE No 4101 Groveland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph D. Hamilton

6 DATE OF BIRTH (month, day, and year): Feb 2 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Daniel H. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Conn

12 MAIDEN NAME OF MOTHER: Annie E. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Isaac M. Bennett
(Address) 4101 Groveland ave.

15 Filed ..... Robert P. Harrison, Registrar

1-1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-30 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-24 1925, to 3-27 1925, that I last saw her alive on 3-27 1925, and that death occurred, on the date stated above, at 1.00 A m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Henry Reiffe M. D.

3-30 1925 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Apr 2 1925

20 UNDERTAKER: Mrs Albert E. Fuller ADDRESS 4806 Harford Ave

FROM BACK OF CERTIFICATE. VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96948

CERTIFICATE OF DEATH.

90 D 96948

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wetters

(a) RESIDENCE NO. 910 Bevan St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE: Years 62 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va ?

PARENTS

10 NAME OF FATHER: John Monday

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Nancy Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Municipal Hospital Records (Address)

15 Filed 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1925 to March 29, 1925, that I last saw her alive on March 29, 1925 and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis, myocardial failure

(duration) 1 yrs. (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller M. D.

3/30 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: April 2 1925

20 UNDERTAKER: C. Schlosman & Son — ADDRESS: 10 39 Monument

THIS is very important. See Instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

D 96949

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96949

CERTIFICATE OF DEATH.

REGISTERED NO. 101-901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 110 N Amity ST., 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bronica Hilda Russell

(a) RESIDENCE NO. 110 N Amity St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Cold	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 21/23

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Noah Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Emma Broadus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Emma Russell
(Address) 110 N. Amity

15 Filed ..... 1925 ....., 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 2, 1925, to Mch 30, 1925, that I last saw h[illegible] alive on Mch 30, 1925, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs mos 29 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency (duration) yrs mos 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman, M. D.

, 19 (Address) 656 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	April 2 1925
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St.

FROM a very important. See instructions on back of certificates.

Spec. 1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96950

CERTIFICATE OF DEATH.

D 96950

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Harford Ave ST., 9-5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia Smyth Ernie

(a) RESIDENCE NO. 2104 Harford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) 6/18/1905

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
19	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Amos S. Ernie

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Mable Craig

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs. M. Ernie (Address) 2104 Harford Ave

15 Filed APR 1 1925 Robert P. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 31, 1924 to Mar 29, 1925.

that I last saw her alive on Mar 29, 1925.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 11 mos 28 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Emily L. Adams, M. D.

Mar 30, 1925 (Address) 1038 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	4/1/25 19
20 UNDERTAKER	ADDRESS
Geo. J. Ruth & Son	1735 Harford

Now very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96951 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96951

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3018 Clifton Pk. Terr. St., 8-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno. Mc Quade

(a) Residence No. 3018 Clifton Park Terrace St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret McQuade

6-DATE OF BIRTH (month, day and year) May 10, 1853

7-AGE. 71 yrs. 10 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Guard

(b) General nature of industry, business, or establishment in which employed (or employer) Md. Penitentiary

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Phila., Pa.

PARENTS.

10-NAME OF FATHER, Thos. McQuade

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. M. Markley

(Address) 3018 Clifton Park Terr.

15- Filed 1-1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 1-1925

17- I HEREBY CERTIFY, That I attended deceased from Mar. 4 1925, to Mar. 31 1925

that I last saw h.. alive on March 31 1925

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) about 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Eichenlaub M. D.

, 19 (Address) 1412 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Apr. 4 19 25

20-UNDERTAKER, Margaret G. Flynn ADDRESS 1412 Light St

D 96952

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96952

CERTIFICATE OF DEATH.

114

1-PLACE OF DEATH

City of BALTIMORE: (No. 1144 Penna. Ave St., 17 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Cornish

(Residence in Baltimore: No. 1144 Penna. Ave St.; yrs. 56 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	Colored	widower

6-DATE OF BIRTH, about 1874
(Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) (General Day)

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Green

(Address) 530 Burgundy St

15- Filed ..... 192 Robert P. Harrison, Registrar.

RT - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acc. Dilatation of heart 5 min

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

March 30 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	4/2/25

20-UNDERTAKER Daniel Carlin ADDRESS 916 Penna Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96953

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 826 Fessier St., 17-2 Ward) Registered No.

2-FULL NAME Annie Jones

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 826 Fesser St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1867

7-AGE, 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town), (State or Country), Edbridge Md

PARENTS.

10-NAME OF FATHER Thomas Blake

11-BIRTHPLACE OF FATHER (city or town), (State or Country) Md

12-MAIDEN NAME OF MOTHER Sarah Waters

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Md

14- (Informant) Ida Shaw (Address) 826 Fesser St

15- Filed Apr 1 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mar 31-25

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1925 to March 31 1925 that I last saw h alive on March 31 1925 and that death occurred, on the date stated above, at 7:30 p m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dental Caries

(Duration) 3 mos. ds.

18-Where was disease contracted if not at place of death? 826 Fesser St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J C Stewart, M. D.

(Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, National Cem. DATE OF BURIAL, Apr 2, 1925

20-UNDERTAKER Samuel T Housley ADDRESS W Baltimore St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96954

CERTIFICATE OF DEATH.

D 96954

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 16-24 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Boston

(a) RESIDENCE. NO. 1118 Mosher ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mall	Col	married

5a If married, widowed, or divorced (or) WIFE of Elsie Boston.

6 DATE OF BIRTH (month, day, and year) May 22-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	40	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bootblack

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Boston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ella Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant mother (Ella Hamilton) (Address) 1118 Mosher St

15 Filed E. D. Robert P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1925

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1925, to March 31, 1925, that I last saw him alive on March 31, 1925, and that death occurred, on the date stated above, at 8:25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) .....(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? yes (Brain only)

What test confirmed diagnosis?

(Signed) B. MacGowan, M. D.

4/1/25 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	Apr 3 '25

20 UNDERTAKER Samuel H. Grasby ADDRESS 738 Edmondson Ave

Important: See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96955

D 96955

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor Inst Clinton St. ST., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Hatch

(a) RESIDENCE No. 1048 N. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Hatch

6 DATE OF BIRTH (month, day, and year) about 1884

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cement Worker
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm F Hatch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz Whittington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Father (Address) Robert P. Harrison.

15 Filed 1925 192 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1st 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

See Inquisition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner.), M. D.

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baldwin Memorial Cem	4-3 1925
20 UNDERTAKER Cross Bros Balto	ADDRESS
E O B Stark	115 E West St.

Cor.—1-12-23—M&T—100 Bks.

D 96956

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

D 96956

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Day Years Hosp ST., 26 - 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frankie Roscoe -

(a) RESIDENCE NO. None And Un

(Usual place of abode)

Length of residence in city or town where death occurred 9 mos. ds.

ST., WARD

(If non-resident give city or town and State)

How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer) " "
(c) Name of employer

9 BIRTHPLACE (city or town) unknown
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) " "

14 Informant Tony Carter
(Address) 1608 Penna Ave

15 Filed Apr 1, 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincents Stanton Cem	April 2 1925
20 UNDERTAKER	ADDRESS
James B Ayres	1324 Eutaw Pl

Spec—12-23-21—E.B.R.S.—400 Bks.

(Cathey)

D 96957 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96957

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 19-2 Ward) Registered No. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Cathey

(a) Residence No. 216 S. Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 27th 1893

7-AGE 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED 040

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bryson N. C.

PARENTS.

10-NAME OF FATHER Thomas Cathey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bryson N. C.

12-MAIDEN NAME OF MOTHER, Luzeney Bryson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bryson N. C.

14- (Informant) Lillie Boston

(Address) 218 S. Paca st

15- Filed 1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/30/25

17- I HEREBY CERTIFY, That I attended deceased from 3/30/25 19 to 3/30/25 19

that I last saw him alive on 3/30/25 19

and that death occurred, on the date stated above, at 6.00 p.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

Plastic Peritonitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 3/30/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Op.

(Signed) R. W. Godley M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bryson N. C. DATE OF BURIAL, April 2nd 19 25

20-UNDERTAKER, A. Jones ADDRESS 1104 Gilmor St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96958

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96958

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1725 Pennington Ave St., 25 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Mueller

(a) Residence No. 1725 Pennington Ave St., 25 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 26 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. W

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 5-1923

7-AGE, 1 yrs. 3 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer Infant

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Frank A. Mueller.

11-BIRTHPLACE OF FATHER (city or town) Maryland (State or Country),

12-MAIDEN NAME OF MOTHER, Cecilia Hartman.

13-BIRTHPLACE OF MOTHER (city or town) Pa. (State or Country),

14-

(Informant) Frank A. Hartman

(Address) 1725 Pennington Ave

15-

Filed ..... 19 Robert L. Harrison, Registrar.

1-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 1-1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 25, 1925 to Apr. 1, 1925

that I last saw h[illegible] alive on Apr. 1, 1925

and that death occurred, on the date stated above, at 11 40 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 1w ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm W Cook M. D.

Apr. 1, 1925 (Address) 1816 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Bowley — DATE OF BURIAL, 4/4, 1925

20-UNDERTAKER: Wm Cook — ADDRESS 502 Linden

Spec- 12-23-21- E.B.R.S.—400 Bks.

D 96959

HEALTH DEPARTMENT—CITY OF BALTIMORE

61-001

D 96959

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 827 N Bradford St., 7-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Manley

(a) Residence No. 827 Bradford St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) April 11 25

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)..... Son

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Herbert Manley

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Julia Stark

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

Instructions on back of Certificate.

14- (Informant) Julia Manley

(Address) 827 N. Bradford St.

15- APR 2 - 1925 ROBERT B. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 11 25

17- I HEREBY CERTIFY, That I attended deceased from April 1-25 19..... to April 1 19 25

that I last saw h[illegible] alive on April 1 19 25

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

6 1/2 months Foetus
Premature Birth and
Intestinal Obstruction

Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] M.D.

4-1 19 25 (Address) 806 N. Bradford St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer DATE OF BURIAL. April 2 19 25

20-UNDERTAKER. T. A. Broadway ADDRESS 1900 Eastern Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 96960

CERTIFICATE OF DEATH.

19-179

D 96960

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 204 N. Gilmor ST., ... WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arizonia Smith

(a) RESIDENCE NO. 204 N. Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word)
F	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15-21

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) New Port News
(State or country) Va

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) Marion
(State or country) U. C

12 MAIDEN NAME OF MOTHER Lizzie Freeman

13 BIRTHPLACE OF MOTHER (city or town) Moland
(State or country) N. C

14 Informant James Smith
(Address) 204 N. Gilmor

Filed APR 2 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3rd, 1925, to March 31st, 1925

that I last saw her alive on March 31st, 1925.

and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Acct. Interstital Nephritis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Accidental Burns

(duration) ..... yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson Jr., M. D.

4-1, 1925 (Address) 1618 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Apr 2 1925
20 UNDERTAKER Wm. H. Grace & Son	ADDRESS 1-33 Madison

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 96961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 -001

D 96961

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 E. West ST.: 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Pearson

(a) RESIDENCE. No. 27 E. West ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Pearson

6 DATE OF BIRTH (month, day, and year) Sept 30-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home-old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henry Hennegan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Lamar (Address) 27 E. West St.

15 Filed KEITH B. ARMIGER Registrar

APR 2 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31/25 19

17

I HEREBY CERTIFY, That I attended deceased from Oct 27/25, 19, to Oct 31/25, 19, that I last saw her alive on Oct 31/25, 19, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H B Holland, M. D.

Oct 31/25, 19 (Address) 1203 Eight St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Brooklyn	April 4 1925
20 UNDERTAKER	ADDRESS
Fredk Krauss & Son	703 Hanover St

TION is very important. See instructions on back of certificates.

Cor.—1-12-22—M&T—100 Bks.

Katarzyna Tomaszewski

D 96962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 96962

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2215 E Fayette ST., 1 - 1 WARD)

2-FULL NAME Katarzyna Tomaszewski

(a) RESIDENCE NO. 2215 E Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant K. Pawlowski
(Address) 2215 E Fayette St

15 Filed APR 2 - 1925 ROBERT H. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Mitral Stenosis

(Duration) ... yrs. 4 mos. 4 ds.
CONTRIBUTORY (Secondary) Broncho Pneumonia
(duration) ... yrs. 12 mos. 1 ds.

(Signed) Edward Klein, M. D.
(Coroner.)
, 192 (Address) 845 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	4/3 192
20 UNDERTAKER F. W. Ozgazewski	ADDRESS 1930 Aisquith

D 96963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-2 118-002

D 96963

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Devillaee

(Residence in Baltimore: No. 718 AJax St St., 2/12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	single

6-DATE OF BIRTH. January 1925 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
1 yrs. 2 mos. ..... ds.	..... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. William Devillaee

11-BIRTHPLACE OF FATHER, (State or Country). Mexico

12-MAIDEN NAME OF MOTHER. Lucy Jackson

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Devillaee

(Address) 718 AJax St

Filed APR 2 - 1925 19..... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31-25 19.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intususception (Probable)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Polk M. D. (Coroner.)

4-2-25 19.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel cemetery	april 2 1925

20-UNDERTAKER.	ADDRESS
Edward Bryan	1691 orleans st

IF very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 96964 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96964

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 922 Hollins St., 18 Ward) Registered No. 18-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose M. Whitney

(a) Residence No. 922 Hollins St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 12 1925

7-AGE.	If LESS than 1 day,
...yrs. ...mos. 19 ds.	...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Md

PARENTS.

10-NAME OF FATHER, Herbert J. Whitney

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), Md

12-MAIDEN NAME OF MOTHER, Edith E. Fitz

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Md

14-

(Informant) Herbert J. Whitney

(Address) 922 Hollins St.

Filed APR 2 - 1926 H. Lee

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 1, 1925.

17- I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1925 to Apr. 1, 1925.

that I last saw h[illegible] alive on Apr. 1, 1925.

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Acute Bronco-Pneumonia.
(Primary.)

(Duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Premature Birth. (about 7 mo.)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam etc.

(Signed) Thos. Norton, M. D.

4/1/25 19 (Address) 888 W Lanvale St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Woodlawn Cemetery	April ... 1925
20-UNDERTAKER.	ADDRESS
George J. Smith	1532 Hollins St

Instructions on back of certificates.

Spec– 12-23-21 –E.B.R.S.–400 Blks.

D 96965 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96965

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE; (No. 1722 E. Chase St 10 – 7) Registered No. 90

2-FULL NAME Catherine Hartel

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1422 E. Chase St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 4th 1859

7-AGE. 65 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John M. Hartel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Shorell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14-

(Informant) William Deimel

(Address) 112 S. Caroline St

15- Filed APR 2 - 1925 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 31 1925

17- I HEREBY CERTIFY, That I attended deceased from March 1 1925 to March 31 1925 that I last saw her alive on March 31 1925 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of heart

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) S. W. Bowman M. D.

, 19 (Address) 1812 W. Lexington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL. April 3 1925

20-UNDERTAKER. Frank A. Fink — ADDRESS 915 N. Gay St

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96966 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Women Home St., 19-1 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Partridge

(a) Residence No. 1400 W Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 2, 1839

7-AGE, 86 yrs. 1 mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Old

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Cook

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Lisa Cook

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Ella L. Jones

(Address) 1400 W Lexington St

15- Filed ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 1 25

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to April 1, 1925

that I last saw h... alive on April 1, 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

April 2, 19 25 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Kennedy Cemetery | DATE OF BURIAL, April 3, 1925

20-UNDERTAKER, George J. Smith | ADDRESS 653 Hollins St

Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96967

CERTIFICATE OF DEATH.

17 D 96967

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1256 Rumsden ST.; 24 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella E. Hesnick

(a) RESIDENCE. NO. 1256 Rumsden ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home MD

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Alex. Dalton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Margt A Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Meadie Reay
(Address) 1256 Rumsden ave

15 APR 2 - 1925 16 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan ~~1~~ 1923, to Mar 31, 1925

that I last saw h alive on Mar 31, 1925

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R E L Campbell M. D.

Apr 2 1925 (Address) 164 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk Cem	4/2 1925
20 UNDERTAKER	ADDRESS
J. Fow McCully	130 E. Fort

IONS is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96968

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96968

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1504 Bell St.; 24-D WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Robert Matthews

(a) RESIDENCE. No. 1504 Bell ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Alonzo Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co. Md.

12 MAIDEN NAME OF MOTHER Lunette Tines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Matthews
(Address) 1504 Bell St

15 Filed APR 2 - 1925 ....., 19.... ....., Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1925, to April 1, 1925, that I last saw h[illegible] alive on April 1, 1925, and that death occurred, on the date stated above, at 1.22 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical signs

(Signed) Sidney P. Hurd, M. D.

4-1, 19.. (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Pk Bur.	4/4 1925
20 UNDERTAKER	ADDRESS
J. Frew McCully	1305 E Fort

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96969

100-001

100 D 96969

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital (St.) Ansel Court (WARD) 6-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gotlieb Anselowitz

(a) RESIDENCE NO. 1618 E Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Anselowitz

6 DATE OF BIRTH (month, day, and year) March 15 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benj Anselowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph M. Arnell

(Address) 1618 E Fayette St

15 APR 2 1925 Registrar

Health Permit District

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-31, 1925, to 4-1, 1925,

that I last saw him alive on 4-1, 1925

and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) A. Strauss M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	4-3 1925
20 UNDERTAKER Joel Lewis	ADDRESS 1439 Eutaw St

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 lbs.

D 96970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 96970

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. (ST.) (No-3) (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Demick

(a) RESIDENCE NO. 11 North 11th St. City ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7th. 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frank Demick

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) ~~Do not know~~

12 MAIDEN NAME OF MOTHER Anna Schodt

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) " "

14 Informant Frank Demick (Address) 11 N. 11th St. City

15 Filed APR 2 - 1925 19 ROBERT B. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1925, to April 1, 1925, that I last saw him alive on April 1— 1925 and that death occurred, on the date stated above, at 3-22 P. M.

The CAUSE OF DEATH* was as follows:

Emphysema (of chest) 3 mos

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Starvation

(duration) yrs. One week ds.

18 Where was disease contracted if not at place of death? Rib Resection

Did an operation precede death? Yes Date of Mar 24/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Newman Friedman M.D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	4/4 1925

20 UNDERTAKER John Ellrich ADDRESS 200 E Oliver

SECTION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

19774
D 96971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+100-001 D 96971

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 7-1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Howard Brandon

(a) RESIDENCE NO. Lutherwell Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country) Md

PARENTS

10 NAME OF FATHER Howard Brandon

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Blanche ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 27, 1925, to Mar 31, 1925; that I last saw him alive on Mar 31, 1925, and that death occurred, on the date stated above, at 6 5/6 a m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia
Starting March 2 with
improvement and recurrence.

(duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ——— Date of ———

Was there an autopsy? No

What test confirmed diagnosis? ———

(Signed) C. O'Scott, M. D.

3-31 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Rest Towson	4/8/25

19 UNDERTAKER Wm. Geo. H. Holland ADDRESS 1638 Druid Hill Ave

CAUSE OF DEATH IS very important. See instructions on back of certificates. That it may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

Ruzicka
800 N. Patterson Park

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96972

CERTIFICATE OF DEATH.

90 D 96972

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1422 N. Bethel ST., 3 WARD)

2-FULL NAME Edward O. Tress

(a) RESIDENCE NO. 1422 N. Bethel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Male White ~~Married~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie

6 DATE OF BIRTH (month, day, and year) April 27-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	52	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Show Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward O. Tress

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Emma McIntyre

(Address) 1422 N. Bethel St

15

APR 2 - 1925

ADELE B. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 1 1925

17

I HEREBY CERTIFY, That I attended deceased from March 25, 19 25 to April 1, 19 25.

that I last saw him alive on March 31, 19 25

and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Mitral Regurgitation

Endocarditis

Following Acute Rheumatic Fever (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) Fred Reuter, M. D.

19 19 25 (Address) 800 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	4/3 1925
20 UNDERTAKER	ADDRESS
Herman Cook	501 E. North Ave

CAUSE OF DEATH is very important. See instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Exact statement of OCCUPATION

D 96973

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96973

CERTIFICATE OF DEATH.

24-181-001

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1204 Towson St. St., 24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Charles Larson.

(Residence in Baltimore: No. 1204 Towson St. St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH, April 3, 1879., 1..... (Month) (Day) (Year)

7-AGE. 45 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Norway.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Rose Hofer.

(Address)..... 1404 Decatur St.

15- Filed APR 2 - 1925 19.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1925, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental illuminating gas Asphyxia.
From a broken gas hose.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

March 31 1925 (Address) 1017 E. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cross Roads Cem	4/2 '25 19
20-UNDERTAKER,	ADDRESS
J. Fahey & Sons	1318 Light

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 96974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96974
Registered No.

1-PLACE OF DEATH
City of BALTIMORE: (No. 539 W. West St. St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob A. Wilson

(a) Residence No. 539 W. West St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lafayette Square ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wilson

6-DATE OF BIRTH (month, day and year) Apr. 12. 1839.

7-AGE. 85 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Various odd jobs
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Kent Co. Md.

PARENTS.

10-NAME OF FATHER. Alex. Wilson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Kent Co Md

12-MAIDEN NAME OF MOTHER. Watkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Kent Co Md.

14-
(Informant) Rosie Allen
(Address) 539 W. West St

15-
Filed APR 2 - 1925
ROBERT B. KNABLEN
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 31/25

17-I HEREBY CERTIFY, That I attended deceased from March. 1. 1925 to March 31. 1925.
that I last saw him alive on March 30 1925
and that death occurred, on the date stated above, at one p.m.
The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTOR (Secondary) Arteriosclerosis Old age

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. B. Spellissy M. D.
4/1, 1925 (Address) 682 West Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. U S National DATE OF BURIAL, April 2 1925

20-UNDERTAKER. Leo J. Brown & Son ADDRESS 1017 Myrtle St

instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96975

CERTIFICATE OF DEATH.

90 D 96975

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 Plum Alley. St. 22-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Collins.(C)

(Residence in Baltimore: No. 809 Plum Alley. St.; yrs. 56 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female.

4-COLOR OR RACE: Colored.

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow.

6-DATE OF BIRTH: Do not know. (Month) (Day) 1..... (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER, (State or Country): Do not know.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country): Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah King.(C)

(Address) 809 Plum Alley.

15-

Filed ..... 192..

APR 2 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

March 31 192 5 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Zion ct — DATE OF BURIAL: April 3 19

20-UNDERTAKER: S. E. Brown's Son — ADDRESS: 1610 W. Monroe st

is very important. See instructions on back of certificate. Exact statement of OCCUPATION

Spec.—1-10-21—M&T—1500 Blks.

D 96976

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96976

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 S. Woodyear ST., 19-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah M. Kimball

(a) RESIDENCE NO. 334 S. Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Kimball

6 DATE OF BIRTH (month, day, and year) April 17, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Geis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Koutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant James C. Kimball Jr.

(Address) 1261 Battery Ave.

15 Filed APR 2 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/28/25, 19..., to 4/2/25, 19...,

that I last saw h... alive on 4/2/25, 19...,

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Apl 4 1925
20 UNDERTAKER John P Deery	ADDRESS 715 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spac—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96977

CERTIFICATE OF DEATH.

101 D 96977

1-PLACE OF DEATH Home for Incurables

City of BALTIMORE: (No. Guilford Ave. & 21st St. St., 12-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna T. McDonald

(a) Residence No. Home for Incurables St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 1, 1842

7-AGE, 82 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Charles McDonald

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Fitzpatrick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) William Wood

(Address) 712 N. Monroe Street

15-

Filed APR 2 - 1925 19

Registrar.

Asst. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 28 19 25 to April 1 19 25

that I last saw her alive on April 1 19 25

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY old age

(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O. A. Tabler M. D.

4-1 19 25 (Address) 2413 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, [illegible] DATE OF BURIAL, [illegible] 19

20-UNDERTAKER, Cooper E. Cook ADDRESS [illegible]

instructions on back of certificates.

E T Y
S · A · F · E

Spec.—8-24-14—M. & T.—2000 Bks.

D 96978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 96978

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hollins Ferry Rd near Edgewood Ave ST.: 25a WARD 5

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert William Trageser jr.

(Residence in Baltimore: No. Hollins Ferry Road. near Lakewood Ave. St.: Lakeland. ...yrs. ...mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 13 (Day), 1924 (Year)

7-AGE,	If LESS than 1 day,
Years 9 mos. 20 da.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Albert W. Trageser

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Rose Senor Roleck

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Albert W. Trageser
(Informant) .....

Lakeland, Maryland
(Address) .....

15- APR 2 - 1925 Filed ....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 2 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 1925, to Apr 2 1925, that I saw him alive on Apr 2 1925, and that death occurred, on the date stated above, at 9 45 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ...yrs. ...mos. 7 da.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) ...yrs. ...mos. 5 da.

(Signed) H. Lawrence Lehmann M. D.

Apr 2, 1925 (Address) Lakeland, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Pine Hill Cem	Apr 4, 1925
20-UNDERTAKER	ADDRESS
Geo. B. Cook	1031 Light

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Saur

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96979

100-001

CERTIFICATE OF DEATH.

D 96979

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 201 Schley ave ST., 27-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Mary Saur

(a) RESIDENCE NO. 201 Schley ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 14 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-17-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	~~24~~	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Christian L. Saur

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Rose M Maurer

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Wm D Logan

(Address) Corner N Schley ave

15 Filed APR 2 1925 Registrar Robert P. Shriver Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1925, to April 1, 1925, that I last saw her alive on April 1, 1925, and that death occurred, on the date stated above, at 5 45 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Diagnosis

(Signed) Wm D Logan M. D.

April 2, 1925 (Address) Corner N Schley ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL April 3 1925

20 UNDERTAKER William G Schaeffer — ADDRESS 1816 Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96980

CERTIFICATE OF DEATH.

31 D 96980

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 70-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Murray

(a) RESIDENCE No. 18 Old Frederick Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 10 01

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View Hospital, (Address) Baltimore, Md.

15 Filed APR 2 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30, 1925

17

I HEREBY CERTIFY, That I attended deceased from November 20, 1915, to March 30, 1925, that I last saw her alive on March 29, 1925, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dementia Praecox w/deterioration.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) H. E. Smith, M. D.

, 19 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westerns

DATE OF BURIAL Apr 2 1925

20 UNDERTAKER Ger. W. Little

ADDRESS 2 [redacted] Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96981

CERTIFICATE OF DEATH.

11-09 D 96981

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335 N. Calvert ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Bunting

(a) RESIDENCE NO. 2335 N. Calvert St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph C. Bunting

6 DATE OF BIRTH (month, day, and year) Mar 1 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	86		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Samuel E. Jones

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs Mabel Coates

(Address) 2335 N. Calvert

15 Filed APR 2 - 1925 19 ROBERT B. KRAMER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1924, to April 1, 1925,

that I last saw her alive on " 4, 1925,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Sup - bronchitis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical sign & symptoms

(Signed) F. Shemwell M. D.

April 2 1925 (Address) 2226 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 4/3 1925

20 UNDERTAKER Wm J. Tichenor Sons — ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 96982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

D 96982

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Registered No. C.....

2-FULL NAME..... LLOYD HORNER .....

(Residence in Baltimore: No. 16 S. Eden St .....St.; yrs.....mos.....ds.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	single

6-DATE OF BIRTH. ..... Feb. 25 (Month) 1863 (Day) (Year)

7-AGE. 62 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer).. Balto. City Md

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER, John H. Horner

11-BIRTHPLACE OF FATHER, (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Elizabeth Rodgers

13-BIRTHPLACE OF MOTHER, (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C. Horner (Bro)

(Address) 228 N. Caroline St

15-Filed APR 2 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....(Duration) yrs. mos. ds.

(Signed) J. S. H. Coleman M. D. (Coroner.)

4-1-25 192.... (Address) 500 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	4/3/25 19

20-UNDERTAKER. Kerr Weber, Son ADDRESS 2503 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96983

CERTIFICATE OF DEATH.

105

D 96983

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Stiles ST., 3-1 WARD)

2-FULL NAME Anthony De Sanctis

(a) RESIDENCE NO. 1011 Stiles ST., 40 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary De Sanctis

6 DATE OF BIRTH (month, day, and year) May 25 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick layer

(b) General nature of industry, business, or establishment in which employed (or employer) O/I

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Frank De Sanctis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Gracintma Capinto

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Alexandra De Sanctis
(Address) 1011 Stiles

15 4-2 1925 19 SCOTT B. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1925, to April 1, 1925, that I last saw h~~i~~mative on April 1, 1925, and that death occurred, on the date stated above, at 7:40 A.M.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

(Address) 614 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	April 4 1925
20 UNDERTAKER	ADDRESS
Wendell Diffendon	3731 Fleet

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96984

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28-1 WARD)

2-FULL NAME George Kick

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? Doubtful yrs. mos. ds.

D 96984

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 - 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Religious -
(b) General nature of industry, business, or establishment in which employed (or employer) R. Work - 065
(c) Name of employer

9 BIRTHPLACE (city or town) (?)
(State or country) Germany

PARENTS

10 NAME OF FATHER George Kick

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Routh

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Germany

14 Informant Records of Mt Hope Retreat
(Address) Mt Hope Baltimore Md

15 Filed APR 2 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10th, 1923, to April 1, 1925, that I last saw him alive on March 31, 1925, and that death occurred, on the date stated above, at 12:15 a. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 21 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Epileptic Psychosis

(duration) 3 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Dayton Ohio

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Xenia Ohio	April 2 1925
20 UNDERTAKER	ADDRESS
Wendell Offutt & Son	378 Ms

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96985

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96985

CERTIFICATE OF DEATH.

100001

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinclair Lane, East Belair Road Ward) 8-1

Registered No.

2-FULL NAME William Langemann Sr

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Sinclair Lane St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred

6-DATE OF BIRTH (month, day and year) Sept 13 1850

7-AGE 74 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Driver 086

(b) General nature of industry, business, or establishment in which employed (or employer) Contracting

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Langemann

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Snyder

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) William Langemann Jr.

(Address) Sinclair Lane E. of Belair Rd

15-

Filed 19

ROBERT R. KRAUTER Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 31 1925

I HEREBY CERTIFY, That I attended deceased from Mar 17, 1925 to March 31, 1925

that I last saw h~~im~~ alive on Mar 30, 1925

and that death occurred, on the date stated above, at 2:20 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual symptoms

(Signed) F. J. Kirby M. D.

, 19 (Address) 110 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Bath. DATE OF BURIAL, April 3 1925

20-UNDERTAKER, Kendall Bryfogle & Son ADDRESS 378 W

All plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 96986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 96986

1-PLACE OF DEATH

City of BALTIMORE: (No. 208 S. Enton St St., 22-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Montuell

(Residence in Baltimore: No. 208 S. Enton St St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Mdw

6-DATE OF BIRTH. Dont Know
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
63 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Lithuania

PARENTS.

10-NAME OF FATHER. Dont Know

11-BIRTHPLACE OF FATHER. (State or Country). " " "

12-MAIDEN NAME OF MOTHER. " "

13-BIRTHPLACE OF MOTHER. (State or Country). " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Plitnikas

(Address) 208 S. Enton St

15- Filed APR 2- 1925 Robert P. Harrisen, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 1 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 4 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dont Know

(Duration) yrs. mos. ds.

(Signed) W. R. Gonyeh M. D.
(Coroner)

4-2 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer DATE OF BURIAL. April 3 1925

20-UNDERTAKER. John Grblauskas ADDRESS 423 S. Paca St

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 96987

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96987

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Caroline ST., 6-1 + 75 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Spence

(a) RESIDENCE No. 15 N. Caroline ST., WARD Norfolk Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Spence

6 DATE OF BIRTH (month, day, and year): May 28 1881

7 AGE — Years: 43 — Months: 10 — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): for Self — 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Columbia North Carolina

PARENTS

10 NAME OF FATHER: John McPherson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Columbia N. Carolina

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Columbia S. Carolina

14 Informant (Address): Mattie Baker 15 N. Caroline St

15 Filed APR 2 - 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 / 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 10 / 1925 to April 2 1925

that I last saw h alive on April 1 1925

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Hemiplegia

(duration) yrs. 1 mos 25 ds.

CONTRIBUTORY (Secondary) Arteio-Sclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Richard A Easlinger M. D.

19 (Address) 814 E Balto St Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va.

DATE OF BURIAL: Apr. 2 1925

20 UNDERTAKER: Mrs J. J. Locks

ADDRESS: 1352 Hoffman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 96988

D 96988

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 726½ W. Franklin St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Bright

(Residence in Baltimore: No. 726½ W. Franklin St.; 5 yrs., 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. Nov. 18, 1923
(Month) (Day) (Year)

7-AGE. 1 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Bright

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER Emily Stephenson

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bright

(Address) 726½ W. Franklin

15- Filed Apr 2 1925, 192. Robert P. Harrison, Burial Permit Clerk. Registrar.

R 2 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

April 1, 1925 (Address) 2 E. Lexington Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	4/2/25 19
UNDERTAKER.	ADDRESS.
R L Groom	405 McElderry

IMPORTANT—CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 96989

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96989

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 26-7 WARD) 38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Baker

(a) RESIDENCE NO. Bay View Asylum ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	79 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Thomas Barker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Municipal Hospital Records (Address)

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1924 to April 1 1925.

that I last saw her alive on April 1 1925

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Syphilis, syphilitic aortitis

Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller M. D.

4/7/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Md.	4/7/1925
20 UNDERTAKER	ADDRESS
C. C. Fanning Inc-1934	E. Lafayette a

R 2-1925

Health Notice to Certifying Physicians. AGE should be stated EXACTLY. PHYSICIAN'S name should be legible and may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96990

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96990

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hospital ST. 17-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Gross

(a) RESIDENCE. NO. 2500 Oak ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry E. Gross. Widowed

6 DATE OF BIRTH (month, day, and year): Feb. 10th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

03

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: William Schubert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Ordweins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Irma W. Gross

(Address) 2500 Oak St.

15 Filed APR 2 1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25 31 1925

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1925, to March 31, 1925, that I last saw her alive on March 30, 1925, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine and Test

(Signed) A. J. Corney, M. D.

, 19 (Address) Vol. America Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Apr. 3 1925

20 UNDERTAKER ADDRESS

Mrs Albert E. Fuller 4806 Harford Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96991

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96991

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 38

City of BALTIMORE: (No. Mercy Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Garrison

(a) Residence No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6-DATE OF BIRTH (month, day and year) ?? 1881

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED 040

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Unknown.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mercy Hosp. Records.

(Address)

15- April 1 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 3/30/25

17- I HEREBY CERTIFY, That I attended deceased from 2/14/25, 19 to 3/30/25, 19 that I last saw him alive on 3/30/25, 19 and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Ly Jaundice

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of (Pt) Arm

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Clinical Yes

What test confirmed diagnosis? Clinical

(Signed) K. W. Talley M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 2 1925

20-UNDERTAKER, Harry W. Wiltz — ADDRESS 1531 W. Lombard

Burial Permit Clerk.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 96992

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96992

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Doe

(a) RESIDENCE NO. 1520 Thames ST., WARD ..

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
?	60 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... ?

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) ..... ?
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant ..... Municipal Hospital Records
(Address)

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

APR 2 - 1925 ..... Deputy Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1924 to March 29, 1925.

that I last saw him alive on March 29, 1925

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

..... (duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. K. Miller. M. D.

3/31, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: 19 APR 2 - 1925

20 UNDERTAKER: Commissioner Health

ADDRESS .....

WHEREVER, when certificate is required, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 96993

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96993

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Francis Eddy

(a) Residence No. 425 N. Stricker st. St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	colored	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1895

7-AGE.	If LESS than 1 day,
29 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer). Unknown

(c) Name of employer. Unknown

9-BIRTHPLACE (city or town) (State or Country). Florida

PARENTS.

10-NAME OF FATHER. William Eddy

11-BIRTHPLACE OF FATHER (city or town) (State or Country). South Carolina

12-MAIDEN NAME OF MOTHER. Martha Hanna

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). South Carolina

14- (Informant). Hospital Records

(Address). M.T.H.

15- Filed APR 2 - 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Mch. 29, 1925

17- I HEREBY CERTIFY, That I attended deceased from December 26, 19 24 to March 29, 19 25

that I last saw h. im alive on March 29, 19 25

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown
(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) J. B. Mhaley M. D

3-30-, 19 25 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
UNIVERSITY OF MARYLAND	APR 2 1925 19

20-UNDERTAKER.

Burial Permit Clerk.

Disentered and buried at Florence South Carolina
Kate K. Wilson 322 N Schroder St April 4-25 H.H.G.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 96994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 96994

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 612 Woodbourne ave ST.: 27-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Allender

(a) RESIDENCE. No. 612 Woodbourne ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Allender

6 DATE OF BIRTH (month, day, and year): April 1st 1850

7 AGE — Years: 75 — Months: 00 — Days: 00 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Edwd Cloman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cecil Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Sampson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Martha Robinson

(Address): 612 Woodbourne ave

15 Filed ..... 19 ..... Registrar

R 2 - 1925 Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April - 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March 31 - 1925, to April 1 - 1925, that I last saw h.r alive on April - 1 - 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H O Hess, M. D.

4-1-1925 (Address) 5600 York Rd Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mountain Christian Church HARFORD Co Md

DATE OF BURIAL: April 4, 1925

20 UNDERTAKER: E. LeRoy Stiffler

ADDRESS: 125 E. North ave

GENERAL INSTRUCTIONS

AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 96995 1783 HEALTH DEPARTMENT—CITY OF BALTIMORE D 96995

1782 3

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-1 ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Beecher

(a) RESIDENCE NO. 6 Carnation St. Ohio
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER George Beecher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Sara Beecher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed APR 2 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1925

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1925. to April 1, 1925.

that I last saw h— alive on April 1, 1925.

and that death occurred, on the date stated above, at 9.20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of caecum

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) — yrs. 1 mos. 27 ds.

18 Where was disease contracted if not at place of death? Clearwater, Florida

Did an operation precede death? Yes Date of 2-21-25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robert Wilcox M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hillsboro, Ohio — DATE OF BURIAL: Apr. 2, 1925

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HOUSER

HEALTH DEPARTMENT—CITY OF BALTIMORE

36996

CERTIFICATE OF DEATH.

74 D 36996

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3837 Roland ave ST., 13 WARD) 13-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose A. Houser

(a) RESIDENCE NO. 3837 Roland ave ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Houser

6 DATE OF BIRTH (month, day, and year) June 21-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Ellicott City
(State or country) Maryland

PARENTS

10 NAME OF FATHER Vernon Ay McIntosh

11 BIRTHPLACE OF FATHER (city or town) Washington
(State or country)

12 MAIDEN NAME OF MOTHER Annie D. Ryan

13 BIRTHPLACE OF MOTHER (city or town) Washington
(State or country)

14 Informant John N. Houser
(Address) 3837 Roland Ave

15 Filed ..... 192 ..... Robert P. Harrison, Registrar
Burial Permit Clerk.

R 2 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Houser, M. D.
(Coroner)

April 1, 1925 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden — DATE OF BURIAL April 3 1925

UNDERTAKER Horace H. Burgee — ADDRESS 3651 Falls Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96997

CERTIFICATE OF DEATH.

24 D 96997

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1924 W. Mulberry (ST.,) 20-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. F. Collman

(a) RESIDENCE No. 1924 W. Mulberry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? 58 yrs. 8 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Collman

6 DATE OF BIRTH (month, day, and year) July 26. 1866

7 AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ....min.
	58	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John H. Card

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Christian Collman. (Address) 1924 W. Mulberry St.

15 Filed 1925 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2. 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 31, 1925, to April 2, 1925.

that I last saw him alive on April 2, 1925.

and that death occurred, on the date stated above, at 8. A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. E. Campbell M. D.

(Address) 1627 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Apr 4 1925

20 UNDERTAKER Mr. Mrs John W. Teufel & Son

ADDRESS 601 W. Fayette

R 2 - 1925

Burial Permit

AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96998

CERTIFICATE OF DEATH.

D 96998

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Belair Road WARD) 26-1

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helena Colerbaud

(a) RESIDENCE No. 14 S. Belair Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/27/40

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ironer 086

(b) General nature of industry, business, or establishment in which employed (or employer) Demonstrator

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred. Colerbaud

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Metzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Julius Colerbaud

(Address) 14 S Belair Rd

15 Filed 19 Robert F. Harrison Registrar

PR 2-1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 2 , 1924, to Mar. 31 , 1925

that I last saw h-- alive on Mar 31 , 1925

and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

about 2 yrs. mos ds.
(duration)

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Herbert Zach , M. D.

, 19 (Address) 1412 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dundalk Cem

DATE OF BURIAL 4/3. 1925

20 UNDERTAKER [illegible]

ADDRESS [illegible]

Method should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 96999

CERTIFICATE OF DEATH.

31 D 96999

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 817 Bonnaly St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Marguerite Queen

(a) Residence No. 817 Bonnaly St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) unknown 1901

7-AGE, 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). Housework

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Anne Arundel Co.

PARENTS.

10-NAME OF FATHER. Wm Coons

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Anne Arundel Co.

12-MAIDEN NAME OF MOTHER. Mary Coons

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Anne Arundel Co.

14- (Informant). George Queen

(Address). 812 Bonnaly

APR 3 - 1925

ROBERT B. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/1/25

17- I HEREBY CERTIFY, That I attended deceased from 3/29 1925 to 4/1 1925 that I last saw h alive on 4/1 1925 and that death occurred, on the date stated above, at 4.10 pm.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Weakness

Contributory Bronchitis (Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Lauer, M. D.

, 19 (Address) 808 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Furnivals Branch DATE OF BURIAL, 4/4/25

20-UNDERTAKER. Arnold Easter ADDRESS 916 Same

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97000

CERTIFICATE OF DEATH.

15-3 90 D 97000

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4122 Park Heights Ave ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Meyers.

(a) RESIDENCE NO. 4122 Park Heights Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Meyers

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isidore Meyers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) [illegible]

15 Filed APR 3 - 1925, 19 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1925

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1925, to April 2, 1925, that I last saw him alive on April 2, 1925 and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Rupture of intracranial vessel (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Routine

(Signed) Herman J. Dorf, M. D.

, 19 (Address) 3730 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Rosedale DATE OF BURIAL 4/3 1925

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 97001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97001

Registered No. 16

1-PLACE OF DEATH

City of BALTIMORE (No. 315 N. Calhoun St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm F. Bauer Jr

(a) Residence No. 315 N. Calhoun St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 4/1/25

7-AGE. ...yrs. ...mos. ...ds. If LESS than 1 day, 8 hrs. or ...min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS

10-NAME OF FATHER Wm F Bauer

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER Ella M Cleary

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Wm F Bauer

(Address) 315 N Calhoun

15- Filed ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 1. 1925

17- I HEREBY CERTIFY, That I attended deceased from April 1 1925 to Apr 1 1925

that I last saw h alive on Apr 1. 1925 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Asthma

(Duration) ... yrs. 1 mos. ... ds

CONTRIBUTORY (Secondary) Premature birth, Weak

Prematurity (Duration) ... yrs. ... mos. ... ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Wm Horner M. D

3/5/19 (Address) 3405 Gwynn Oa

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	April 3. 1925
20-UNDERTAKER.	ADDRESS
H. Sander Sons	1710 Pleasant St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

L. Hilde 3005 St Paul St

D 97002

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 D 97002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Rutland Ave ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Zabel

(a) RESIDENCE NO. 1513 Rutland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav E. E. Zabel

6 DATE OF BIRTH (month, day, and year) Oct 3, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Zeis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susanna Breithut

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna M. E. Hildebrand (Address) 1515 Rutland Ave

15 Filed . 19 ROBERT R. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1925 to 19 ,

that I last saw h[illegible] alive on March 31st, 1925,

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Not Date of -

Was there an autopsy? Yes - What test confirmed diagnosis? Clinical examination

(Signed) [illegible] M. D.

4/11 1925 (Address) 3005 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	April 3 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97003

HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001 D 97003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 N East ave ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Eliza Button

(a) RESIDENCE NO. 130 N East ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Wd

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Button

6 DATE OF BIRTH (month, day, and year) Jan 11 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt md

PARENTS

10 NAME OF FATHER Thomas Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Eliza Jane Fiddaman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joseph Button (Address) 130 N. East Ave

15 Filed APR 3 - 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1925

17 I HEREBY CERTIFY, That I attended deceased from May 31 1925 to Apr 2 1925, that I last saw h alive on Apr 2 1925, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Harris S. Pinkus M. D.

1925 (Address) 3325 Pall Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: April 4 1925

20 UNDERTAKER: H. Sander Sons

ADDRESS: 1106 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97004

CERTIFICATE OF DEATH.

92 D 97004

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 N. Chas ST., 12-3 WARD)

2-FULL NAME Catherine Gordon.

(a) RESIDENCE NO. 2326 N. Chas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Jno. Newton Gordon.

6 DATE OF BIRTH (month, day, and year) Apr 4, 1838.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	86	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Dr. Robt H. McCoy

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mary Emily Hardy

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Catherine G. Pollard

(Address) 2326 N Charles

Filed APR 3 - 1925 Wm. H. KRAUSE Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1925.

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to March 31, 1925, that I last saw her alive on March 31, 1925, and that death occurred, on the date stated above, at 11 00 p.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis & Stones.

(duration) yrs. mos. 6. ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. A. Pollard M. D.

1925 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cem. Kent Co	April 4 1925

20 UNDERTAKER Henry W Jenkins Son Co

ADDRESS McCulloh & Richard Sts

mation should be carefully supplied. AGE should be stated EXACTLY. Every item of information CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97005 — 129 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Ashland Av St., 10-2 WARD)

REGISTERED NO. D 97005

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Smith

(a) RESIDENCE NO. 926 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Belle Smith

6 DATE OF BIRTH (month, day, and year) Jan 26-90

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	35	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Frederick Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Anna B. Smith (Address) 926 Ashland Ave

Filed APR 3 - 1925 ROBERT B. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1925 to Apr 1, 1925.

that I last saw him alive on Apr 1, 1925.

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. M. Hatcher M. D.

4/3, 1925 (Address) 1525 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Apr 3 1925
20 UNDERTAKER	ADDRESS
Sam W Chase Inc	1400 Mosher

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97006

CERTIFICATE OF DEATH.

5 31 D 97006

1-PLACE OF DEATH

City of BALTIMORE: (No. 2523 W. North ave St., 15-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard L Stump

(a) Residence No. 2523 W. North ave St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or WIFE of): Mary E Stump

6-DATE OF BIRTH (month, day and year): June 30-1878

7-AGE. 46 yrs. 9 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Leonard Stump

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Susan Fritz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Pa

14- (Informant): Mrs Mary E. Stump

(Address): 2523 W North Ave

15-

Filed APR 3-1925

ERNEST R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 1/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1925 to April 1 1925

that I last saw h.. alive on Mar 31 1925

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Pathisis Pul.

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

Ulceration (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Unknown

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard L Stump M. D.

4/3 1925 (Address) 2020 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Manchester Cemetery DATE OF BURIAL: April 4 1925

20-UNDERTAKER: A S. Marshall ADDRESS: 3539 Falls Rd

Shade to be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-t0-2t—M&T—1500 Blks.

D 97007

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97007

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Brantley Ave ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice E. Wheat

(a) RESIDENCE NO. 1036 Brantley Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 19, 1874

7 AGE: Years 50 Months 8 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: School Board 068

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John A. Wheat

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth D Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Miss Carrie Wheat

(Address): 1036 Brantley Ave

Filed APR 3 - 1925 HERBERT R. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 2 1925

17 I HEREBY CERTIFY, That I attended deceased from March 7th, 1925, to April 2nd, 1925, that I last saw her alive on April 2nd, 1925, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Lesion and Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) William Resnick, M. D.

(Address) 1700 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Mt Olivet

DATE OF BURIAL: APR 4 1925

20 UNDERTAKER: Geo W Little

ADDRESS 2700 EDMONDSON AVE

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97008

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97008

CERTIFICATE OF DEATH.

+31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Webster ST., 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E Warden

(a) RESIDENCE NO. 1509 Webster ST., 23 WARD Cleveland Ohio

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard J. Warden

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Harry P Blare

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Laura Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Howard Warden 1509 Webster St

15 Filed APR 3 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) apr - 1, 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec - 19, 1925, to apr - 1, 1925, that I last saw her alive on apr - 1, 1925, and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cleveland, Ohio.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dwis Frankenstein M. D.

4/2, 1925 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem Apr 4	1925

20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E Fat Ave

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1D 96801 — 10-1 D 97009

1D 97009

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 5-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emory Goode

(a) RESIDENCE NO. 727 N. Exeter St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	?	8	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Goode.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hollis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

APR 3 - 1925 ROBT. R. KRAUTER'S Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to April 1, 1925, that I last saw him alive on April 1, 1925, and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) 0 yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Pericarditis

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes —

What test confirmed diagnosis? None

(Signed) W. Osler M. D.

4-2, 1925 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery — DATE OF BURIAL April 8 1925

20 UNDERTAKER Edward Bryan — ADDRESS 681 Orleans St

WARNING—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Rev.—12-23-21—E.B.P.S.—400 Blks.

D 97010

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97010

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 23-90

City of BALTIMORE: (No. 109 W. Beverly St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Armstrong

(a) Residence No. 109 W Beverly St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (~~Write~~ the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Georgellian Dreher

6-DATE OF BIRTH (month, day and year) March 7, 1849

7-AGE. 74 yrs. 10 mos. 24 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Glass work

(c) Name of employer Ravenwood Glass Co.

9-BIRTHPLACE (city or town) Baltimore Co.

(State or Country), Md.

PARENTS.

10-NAME OF FATHER William A. Armstrong

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Scotland

12-MAIDEN NAME OF MOTHER Mary E. Hammond

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Scotland

14- (Informant) Mrs. Georgellian Armstrong

(Address) 109 W. Beverly St.

15- Filed ..... 192.. ROBERT B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 31, 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 1, 1925 to Mar 31, 1925

that I last saw h alive on Mar 31, 1925

and that death occurred, on the date stated above, at 5 20/60 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Independent

(Duration) ... yrs. ... mos. ... ds

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. 6 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there no autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Apr 2 R. L. Campbell M. D

1925 (Address) 1644 Hanover St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oaklawn, Am.	April 2, 1925
20-UNDERTAKER.	ADDRESS
Chas. L. Strauss	1501 E. Fort Ave.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item of information instructions on back of certificates. Exact statement of OCCUPATION is very important. See

D 97011

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97011

CERTIFICATE OF DEATH.

154-002

24-3

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1450 Reynolds St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph B.Paul.

(Residence in Baltimore: No. 1450 Reynolds St. St.; yrs. ---------- mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. April 1, 1925 (Month) (Day) (Year)

7-AGE. ---------- yrs. mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS

10-NAME OF FATHER. Bert A.Paul.

11-BIRTHPLACE OF FATHER. (State or Country). Balto.Co.Md.

12-MAIDEN NAME OF MOTHER. Mary C.Earle.

13-BIRTHPLACE OF MOTHER. (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary C.Paul.(mother)
(Address) 1450 Reynolds St.

15-
Filed APR 3 - 1925 19.. ROBERT B. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 2, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)
April 3, 1925. (Address) 1017 E.Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Holy Cross DATE OF BURIAL. April 3 1925

20-UNDERTAKER Chas P. [illegible] ADDRESS 1001 E. Fort

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97012 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 31 D 97012

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 26-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Foskey

(a) Residence No. Denton, Ga. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Foskey

6-DATE OF BIRTH (month, day and year) 1879

7-AGE.	If LESS than 1 day.
46 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Georgia

PARENTS

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed APR 3 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Mch. 31, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 27 1925 to March 31 1925

that I last saw him alive on March 31 1925

and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous meningitis

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of.

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. & Lab findings

(Signed) J. T. Owen M. D.

3-31-25. (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Hazelhurst Ga	April 2 1925
20-UNDERTAKER.	ADDRESS
Jno C Miller & Son	2334 Jeffer... St.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

S. A. FETTY

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 37013 — 90 D 97013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 E. 23rd St., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Tracey

(a) RESIDENCE NO. 413 E. 23rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Tracey

6 DATE OF BIRTH (month, day, and year): July 10, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Francis Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Andrew Tracey (Address) 413 E. 23rd St.

15 Filed ..., 19 ... Registrar

Graceland Cem. 2409 Md Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 15/23, 19 ... to Apr. 1st, 19 25.

that I last saw h[er] alive on Apr 1st, 19 25

and that death occurred, on the date stated above, at 7.05 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Adema Edema acute cardiac dilitation

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 3 yrs. ... mos ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Gimpel Reeves, M. D.

4/2 19 25 (Address) 2409 Md Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: April 4 19 25

20 UNDERTAKER: William Cahoon & Nathan — ADDRESS

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D. A. K.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97014

CERTIFICATE OF DEATH.

165 24-1

D 97014

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John James Woomer.

(Residence in Baltimore: No. 107 E. Hamburg St. St.; yrs. 32 mos. 10 ds. 30)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. May 3, 1892. (Month) (Day) (Year)

7-AGE. 32 yrs. 10 mos. 30 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS

10-NAME OF FATHER. John J. Woomer.

11-BIRTHPLACE OF FATHER, (State or Country). Pennsylvania.

12-MAIDEN NAME OF MOTHER. Cathetine Glass.

13-BIRTHPLACE OF MOTHER, (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Woomer.(mother)

(Address) 107 E. Hamburg St.

15-

APR 3 - 1925 ROBT. B. KRAUTZ

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 2, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride of Mercury and Carbolic Acid poisoning. Suicide.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ... (Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M Reinhardt (Coroner) M. D.

April 2, 1925 (Address) 1015 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?
107 E. Hamburg St. April 2, 1925.

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Baltimore County — DATE OF BURIAL: 4/6/25

20-UNDERTAKER: Wm Cook — ADDRESS: 502 E North

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97015

CERTIFICATE OF DEATH.

11-13 D 97015

1-PLACE OF DEATH Union Memorial Hospital — Registered No. 97015

City of BALTIMORE: (No. 33 d & Calvert St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Julia Turnbull Schwartz

(a) Residence No. Preston & St. Paul St., Ward Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-if married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Charles Schwartz

6-DATE OF BIRTH (month, day and year) July 6, 1859

7-AGE. 66 yrs. 8 mos. 26 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Maryland. (State or Country).

PARENTS.

10-NAME OF FATHER, William Turnbull.

11-BIRTHPLACE OF FATHER (city or town) Scotland (State or Country).

12-MAIDEN NAME OF MOTHER, Merian Weed

13-BIRTHPLACE OF MOTHER (city or town) New York (State or Country).

14- (Informant) Mrs. Frances E. Heflebower
(Address) 2117 Maryland Avenue

15- Filed APR 3 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from February 15, 1925 to April 1, 1925 that I last saw h alive on April 1 1925 and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Amyotrophic lateral sclerosis

(Duration) 1 yrs. 3 mos. 16 ds.

CONTRIBUTORY (Secondary) Respiratory failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William S. Stewart M. D.
, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery — DATE OF BURIAL. 4/3, 1925

20-UNDERTAKER. Henry W. Mears & Son — ADDRESS 845 N. Calvert

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97016

D 97016

CERTIFICATE OF DEATH. X100-001V

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Union Memorial Hosp St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Henry Norman Stein

(a) Residence No. 301 Chesapeake Ave St., Ward. Towson, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 14, 1884

7-AGE. 40 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manufacturer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS:
10-NAME OF FATHER, Wm. F. Stein
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.
12-MAIDEN NAME OF MOTHER, Cora V. Gaskins
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs. Elsie N. Dippendeffer
(Address) 301 Chesapeake Ave Towson

APR 3 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 30 1925 to April 2 1925
that I last saw him alive on April 2 1925
and that death occurred, on the date stated above, at 7:5 A. m.
The CAUSE OF DEATH* was as follows:

Empyema

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Phys. Exam

(Signed) A. Austin Deare M. D.
. 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park | DATE OF BURIAL. Apr. 4 1925

20-UNDERTAKER. John Ottotchell | ADDRESS 1201 W. Fayette

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97017

B 97017

CERTIFICATE OF DEATH.

60-002

1-PLACE OF DEATH St Josephs Hosp. 9-7 Registered No.

City of BALTIMORE: (No. 516 Harwood Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary E. Craig

(a) Residence No. Tallahassee Fla, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Francis E. Craig

6-DATE OF BIRTH (month, day and year) Sept 7. 1869

7-AGE. 55 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Mississippi

PARENTS.

10-NAME OF FATHER, James Craig

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Caroline B. Matthews

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Frances E Craig

(Address) 516 Harwood Ave

15- Filed APR 3 1925 ROBERT R. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 2/25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1925 to April 2 1925; that I last saw her alive on April 1 1925; and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Toxic Goitre or Hyperthyroidism

(Duration) one year mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff and Renal Insuff (Duration) almost a year mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. M. Rhoads M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	April 4. 1925

20-UNDERTAKER. John O. Mitchell ADDRESS 20 W. Fayette St.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.- 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97018

CERTIFICATE OF DEATH.

8/ D 97018

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Shea

(a) RESIDENCE No. 606 Bartlett Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
19			

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Shea

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Croghan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs. T. Shea.
(Address) 606 Bartlett ave.

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2-25 19

17

I HEREBY CERTIFY, That I attended deceased from April, 1925, to April 2, 1925.

that I last saw her alive on April 2 - 1925, 19

and that death occurred, on the date stated above, at 5:50 P m.

The CAUSE OF DEATH* was as follows:

Chorea

(duration) yrs. mos 8 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Anthony V. Bruchey, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	April 6 1925
20 UNDERTAKER	ADDRESS
E. A. Wiedefeld &	501 E 22 St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97019

CERTIFICATE OF DEATH.

91-002

D 97019

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Oakdale Road ST., 5 WARD) Roland Park

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Getz

(a) RESIDENCE No. 220 Oakdale Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John M Getz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Burgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mary Getz

(Address): 220 Oakdale Road

15 Filed APR 3 - 1925 ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APRIL 1st 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. 3rd, 1924, to APRIL 1st, 1925,

that I last saw him alive on APRIL 1st, 1925,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L. Kluge M. D.

Apr. 2, 1925 (Address) 905 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Apr. 4 1925

20 UNDERTAKER: W. C. Windyfield — ADDRESS: 914 Druid Pk

D 97020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

165

10-2

D 97020

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. Ward)

2-FULL NAME..... John M. Renehan

(Residence in Baltimore: No. 811 E. Eager St. St., yrs., mos. ds.)

N. B.—THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. All applicable questions should be answered. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	mar

6-DATE OF BIRTH. November 12-1862 (Month) (Day) (Year)

7-AGE. 62 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Foreman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gas Co.

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Patrick Renehan

11-BIRTHPLACE OF FATHER, (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Lacey

13-BIRTHPLACE OF MOTHER, (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Delia Renehan

(Address)..... 811 E. Eager St.

15-

Filed..... 192.....

Registrar.

APR 3 - 1925

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Poisoning

Suicide

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs. mos. ds.

(Signed) J. S. H. Culler M. D. (Coroner.)

4-3-25 192.... (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	Apr. 6 192 5

20-UNDERTAKER, W. C. Trudeau ADDRESS 914 Monument Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97021
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No.) Payson Ave & Dukeland ST., 46-5 WARD

2-FULL NAME Ida M. KRETZschmar

(a) RESIDENCE No. 622 N. Monroe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29. 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas Rehbein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr. Gustav R. Kretzschmar
(Address) 622 N. Monroe St.

15 Filed APR 3 - 1925, 19

FRED R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/1/25 19

17 I HEREBY CERTIFY, That I attended deceased from 3/29, 1925, to 4/1, 1925,

that I last saw h[illegible] alive on 4/1, 1925,

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma (Rt Breast)

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 6 hours ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of 3/30/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operation

(Signed) Dr Hubert Wilkerson M. D.

19 (Address) W. Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	April 19 25
20 UNDERTAKER: for Joerdens Son	ADDRESS: 2178 B

Spec.—1-10-21—M&T—1500 Bks.

D 97022

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97022

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST. 12-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David H. Barton

(a) RESIDENCE NO. 2705 Huntington Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓ ✓

6 DATE OF BIRTH (month, day, and year) Oct 21 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .. min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) 0816

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jackson Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Municipal Hospital Records

(Address) Robert P. Harrison,

15 Filed ..... 19 Registrar

APR 3 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1 1925 to April 1 1925

that I last saw h in live on April 1 1925

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W L Miller M. D.

4/2/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bolton Cem DATE OF BURIAL Apl 4 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 3647 Chestnut

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Form—12-23-21—E.B.F.S.—400 Blks.

D 97023

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 1001

City of BALTIMORE: (No. 208 N. Pine St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... TITO ANDRCONI

(a) Residence No. 208 N. Pine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	S.

5a-If married, widowed, or divorced
HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 15. 1914

7-AGE.	If LESS than 1 day,
10 yrs. — mos. 17 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Baltimore Md.
(State or Country).

PARENTS.

10-NAME OF FATHER, Alponso Andreoni

11-BIRTHPLACE OF FATHER (city or town) Italy
(State or Country).

12-MAIDEN NAME OF MOTHER, Blandina Tarantetli

13-BIRTHPLACE OF MOTHER (city or town) Italy
(State or Country).

14-
(Informant)... Alponso Andreoni
(Address). 208 N. Pine Street

15-
Filed APR 3 - 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 3rd/25

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1925 to April 3rd 1925

that I last saw h.. alive on April 2nd 1925

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) C. B. Mearkamp M. D.

4/5 1925 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem.	April 4 1925
20-UNDERTAKER.	ADDRESS
Mary Greblauskas	426 S. Haca St.

NB—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97024

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97024

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Linden Ave ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fanny Madora Stevenson

(a) RESIDENCE NO. 1430 Linden ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Wm H. Stevenson — Widow of

6 DATE OF BIRTH (month, day, and year): Mar 8. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: No

(b) General nature of industry, business, or establishment in which employed (or employer): No

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charles Town West. Va

PARENTS

10 NAME OF FATHER: Wm B. Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country): W Va

12 MAIDEN NAME OF MOTHER: Fanny Beale Willis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Jefferson Co. W. Va

14 Informant: Mary Eleanor Stevenson

(Address): 1430 Linden Ave. Baltimore

15 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3 . 1918 . to April 2 . 1925 .

that I last saw h[illegible] alive on April 1 . 1925 .

and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Secondary anaemia

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Carcinoma of Bladder.

(duration) 7 yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No ... Date of

Was there an autopsy? No.

What test confirmed diagnosis? Pathological section

(Signed) Jos. L. T. Smith, M. D.

. 19 (Address) 1117 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	April 4 1925

20 UNDERTAKER: John B Spence ADDRESS: 1325 N. Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

WARNING—RESERVED FOR BINDING

PR3

Spec.—1-10-21—M&T—1500 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97025 (1)

CERTIFICATE OF DEATH.

1001 D 97025

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH John Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 5-1 WARD)

2-FULL NAME Marie Pompa

(a) RESIDENCE NO. 42 Albermarle St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Antonio Pompa

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Elsie Colle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Records John Hopkins Hosp.

15 Filed ..... 19 ..... Registrar Robert F. Harrison Burial Permit Clerk.

APR 3 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1925, to April 2, 1925.

that I last saw her alive on April 2, 1925.

and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 16 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) C. J. Doose, M. D.

4-2-1925 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 4 1925

20 UNDERTAKER: William J. Schaffer — ADDRESS: 1816 Monument

WARNING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97026 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97026

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) White & Bellevista ave (St.) 7 (Ward) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Davidson

(a) RESIDENCE NO. White & Bellevista ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Davidson

6 DATE OF BIRTH (month, day, and year) March 2, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Tom Dewitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Wheer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Nellie A Davidson (Address) White & Bellevista

15 Filed , 19 Robert P. Artiss, Registrar

Burial Permit Clerk

PR3-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 28. 1925 to April 1 1925.

that I last saw h alive on April 1- 1925.

and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Carcinoma Uterus

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B Green, M. D.

4/2, 1925 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL April 4 1925

20 UNDERTAKER Robt J Turner

ADDRESS 1442 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 97027 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97027

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. St. Joseph Hosp St. 8-15 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P. Burke

(Residence in Baltimore: No. 2501 E Preston St.; (yrs. 1 mos. 6 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. Mar 13 (Month) (Day) 1899 (Year)

7-AGE. 26 yrs. mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe-Fitter
(b) General nature of industry, business, or establishment in which employed (or employer): Natural Gas Co

9-BIRTHPLACE, (State or Country). Richmond Va

PARENTS.

10-NAME OF FATHER. William J Burke

11-BIRTHPLACE OF FATHER, (State or Country). Penna.

12-MAIDEN NAME OF MOTHER. Margaret E Muldowney

13-BIRTHPLACE OF MOTHER, (State or Country). Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ruth F Burke (wife)

(Address) 2501 E Preston

15- Filed APR 3 - 1925 192 Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 2 (Month) (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock - Hemorrhage
Trau. Both legs - Lt arm
Burns over body accidental
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. F. T. Callan M. D.
(Coroner.)

4-3 1925 (Address) 508 E Madison

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery — DATE OF BURIAL. April 4th 1925

20-UNDERTAKER, George Schelling & Sons — ADDRESS 1126 E Monument St

Spec.—1-12-23—M&T—500 Blks.

D 97028

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97028

CERTIFICATE OF DEATH.

+ 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 25-12 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Grum

(a) RESIDENCE NO. 826 Frederick Ave. Catonsville, Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 ~~Single~~, Married, Widowed, ~~or Divorced (write word)~~: ~~single~~ Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Sept 21, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: ~~Do not know~~ John Grum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Fred. Grum
(Address): 117 Newburg Ave Catonsville

15 Filed PR 3 - 1925, 19 Robert V. Harrison, Registrar

(Postal Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-3- 19 25

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31st, 1925, to April 3rd, 1925.

that I last saw him alive on April 2nd, 1925

and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Toxemia.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Carcinoma rectum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Thomas Jay Nicholl, M. D.

, 19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	Apr. 6 1925
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE ... should be stated EXACTLY. PHYSICIAN ... shou... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... TION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97029

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. Mount St., 16-4 WARD)

2-FULL NAME Hugh Roberts

(a) RESIDENCE NO. 1801 Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Laura Roberts

6 DATE OF BIRTH (month, day, and year) Aug-11-1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer Clarke Company

9 BIRTHPLACE (city or town) (State or country) Vermont

PARENTS

10 NAME OF FATHER John Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Robert Roberts

(Address) 1904 Mst mosher

15 APR 3 - 1925 . 19 Robert F. Harrison, Registrar

~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from March 18th, 1925, to April 2nd, 1925, that I last saw him alive on April 2nd, 1925, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

ch. nephritis -

pneumococcus -

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Date of -

Was there an autopsy? Yes

What test confirmed diagnosis? clinical history

(Signed) J. L. Szulc M. D.

. 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Benton Penna. DATE OF BURIAL 4/4 1925

20 UNDERTAKER Wm Cook ADDRESS So. E Nat

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should be careful CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

,1925
D 97030

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 01 B 97030

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., T-1 WARD)

2-FULL NAME William McKown

(a) RESIDENCE NO. Fallston Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	63	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Wm. McKown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 3 - 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 28, 1925, to Mar 30, 1925, that I last saw him alive on Mar. 30, 1925, and that death occurred, on the date stated above, at 10 20/8 m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia
Septicaemia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)
Tonsilitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Louis C. Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Cormel	April 1925
20 UNDERTAKER W. E. Cook	ADDRESS 502 E Lanvale St

NOTICE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97031

CERTIFICATE OF DEATH.

101-901

D 97031

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St., 15-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Jane Swindell

(a) Residence No. 1535 Appleton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widowed.

5a-If married, widowed, or divorced ~~Husband of~~ (or) WIFE of David L. Swindell.

6-DATE OF BIRTH (month, day and year) Feb 4-1857

7-AGE. 11 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer..... None

9-BIRTHPLACE (city or town) (State or Country), Baltimore-Maryland

PARENTS

10-NAME OF FATHER, W. Dorschell.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Prussia-Germany

12-MAIDEN NAME OF MOTHER, Margaret Wallace

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

11- (Informant)..... Margaret S. Perry

(Address) 1421 N. Patterson Park Ave.

15- Filed APR 3 - 1925 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 29 1925 to April 2 1925

that I last saw her alive on April 2 1925

and that death occurred, on the date stated above, at 4:25 A.M.

The CAUSE OF DEATH* was as follows:—

Chronic Nephritis

Mitral & Myocardial Insufficiency.

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? — (own)

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam- Urine

(Signed) Louis F. Krumrine M. D

, 19 (Address) 722 N. Kenwood Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Loudon Park	4/6 1925
20-UNDERTAKER,	ADDRESS
Williams Cook	502 E Ward

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97032

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97032

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma Young

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Williams Young

6 DATE OF BIRTH (month, day, and year) unknown 1863

7 AGE: Years 62 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Sons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records
(Address)

15 Filed ..... 19 .....
Robert F. Harrison
Burial Permit Clerk
Registrar

APR 3 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to April 1, 1925.

that I last saw her alive on March 31, 1925

and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension
Chronic myocarditis (degenerating)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W L Miller, M. D.

4/2 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 4/4 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on Back of certificates.

97033

HEALTH DEPARTMENT—CITY OF BALTIMORE

97033

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 610 Cumberland St. Ward) 15-13

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Ford

(Residence in Baltimore: No. 610 Cumberland St. St.; yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. March 3 (Month) (Day) 1922 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 1 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Richard Ford

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Agnes Hawkins

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Ford.

(Address) 610 Cumberland St.

15-

Filed APR 3 - 1925 19.. Robert F. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 2 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) no other known

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Thomas M. D. (Coroner)

April 2 1925 (Address) 2 E. Fayette St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	4/4/25
20-UNDERTAKER. Donald Carbin	ADDRESS 916 Pa ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

(Eliza A. Tucker)

D 97034

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Eliza Ann Tucker

(a) Residence No. Baltimore Hospital St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~

6-DATE OF BIRTH (month, day and year) May 27-1876

7-AGE, 48 yrs. 4 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Sadler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elizabeth Watson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Mamie L. Tucker

(Address) 1211 E. Baltimore

15-

Filed APR 3 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 2 1925

17- I HEREBY CERTIFY, That I attended deceased from March 30, 1925, to April 2, 1925, that I last saw h— alive on April 2, 1925, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Thos. Davis M. D.

, 19 (Address) 1211 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL, April 4 1925

20-UNDERTAKER. Geo. W. Little ADDRESS Edmondson Ave

WHITE CARD, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 97035

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97035

CERTIFICATE OF DEATH.

8-3 91-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2317 E. Oliver ST., (WARD) 8

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Johnston

(a) RESIDENCE NO. 2317 E. Oliver ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Johnston

6 DATE OF BIRTH (month, day, and year) July 28, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Andrew Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Mrs Wilson Edwards

(Address) 2317 E. Oliver St.

15 Filed APR 3 1925, 19 Robert F. Harrison,

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from March 31st, 1925, to April 2nd, 1925,

that I last saw him alive on April 1st, 1925

and that death occurred, on the date stated above, at 4 A m

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

sudden

(duration) ..... yrs. mos ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) F. W. Keown, M. D.

4/3/1925 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ✓ Baltimore Cem.

DATE OF BURIAL April 4 1925

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1111 Eight ✓

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97036

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97036

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 47 Bellevieu Ave. St., 26-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth B. Allen

(a) Residence No. 47 Bellevieu Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 14, 1899

7-AGE. 25 yrs. 6 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto., Md.

PARENTS.

10-NAME OF FATHER. Geo. Allen

11-BIRTHPLACE OF FATHER (city or town) (State or Country). New York

12-MAIDEN NAME OF MOTHER. Eliz. B. Reid

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto., Md.

14- (Informant) Mrs. Allen

(Address) 47 Bellevieu Ave

15- Filed APR 3 - 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr 2/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1922 to April 2 1925

that I last saw h[er] alive on April 2 1925

and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Same

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Tub. & Clin.

(Signed) Wm. E. Stephens M. D.

4/3, 1925 (Address) 1319 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem. DATE OF BURIAL. Apr. 6 1925

20-UNDERTAKER. Margaret G. Flynn ADDRESS 1422 Eutaw St.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

THIS IS A PERMANENT RECORD. Every item of information

Spec.—1-10-21—M&T 1500 Bks.

D 97037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 D 97037

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 Raborg ST., 4-1 WARD)

2-FULL NAME Sarah Brown

(a) RESIDENCE NO. 750 Raborg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Brown

6 DATE OF BIRTH (month, day, and year): July 13, 1887

7 AGE: Years 37 Months 8 Days 18 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Smith Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Accomac Co Va

12 MAIDEN NAME OF MOTHER: Eliza Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: Eva Palmer (Address) 750 Raborg

15 Filed: 4/6 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 1925

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1925 to April 1, 1925.

that I last saw her alive on March 30, 1925.

and that death occurred, on the date stated above, at 7:50 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Negative

(Signed) W S Rowles M. D.

4/3, 1925 (Address) 1617 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cmtry

DATE OF BURIAL: 4/6 1925

20 UNDERTAKER: Mrs Jno H Hooper

ADDRESS 1700 Conway St

R4 - 1925

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 37038

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

D 37038

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE, (No.) 126 W West St ..... St., 23 - 1 Ward)

Registered No.....

(If death occurred to a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerry McCode

(a) Residence No. 126 W. West St ..... St., 23 Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6-DATE OF BIRTH (month, day and year) ((

7-AGE, 50 yrs. — mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... Livery Stable

(c) Name of employer..... Sewage Disp. Co.

9-BIRTHPLACE (city or town)..... (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), N. C.

14- (Informant)..... Florence Allen

(Address) 126 W West St.

15- Filed..... 192.....

Robert F. Harrison, Registrar.

Burial Permit Clerk.

APR 4 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/2/25

17- I HEREBY CERTIFY, That I attended deceased from 3/25/25 to 4/2/25

that I last saw h.....alive on 4/2/25

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows: Myocardial degeneration

Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dan Smiley M. D.

4/3/25 (Address) 908 Shaffer

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL, 4/6/25

20-UNDERTAKER, Walter B. Spriggs — ADDRESS 139 W. Hamburg St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97039

CERTIFICATE OF DEATH.

129 7 3

D 97039 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 N Patterson Park Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Kinstendorff

(a) Residence No. 709 N Patterson Park Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Chas A. Kinstendorff

6-DATE OF BIRTH (month, day and year) Apr 27-1825

7-AGE, 99 yrs. 11 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Albert Koch

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, ? Alberta

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Carrie Lauterbach

(Address) 709 N. P. K. Ave

15- Filed 19 Robert P. Harrison, Registrar.

~~APR~~ 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/1/1925

17- I HEREBY CERTIFY, That I attended deceased from 10-22- 19 24 to 4-1- 19 25.

that I last saw h er alive on 3-31- 19 25

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis.

Arteriosclerosis.

(Duration) yrs. 6 mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis.

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? ~~[illegible]~~

Did an operation precede death? none Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H. A. Bowden M. D.

4/6, 1925 (Address) 1522 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem

DATE OF BURIAL, 4/7 1925

26-UNDERTAKER. John Merrick

ADDRESS 2008 Orleans

This is a PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97040

31

REGISTERED NO. 19-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 343 S. Woodyear St. (ST.) (WARD)

2-FULL NAME Geo. Ed. Frendenberger

(a) RESIDENCE NO. 343 S. Woodyear ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 28 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 019

(b) General nature of industry, business, or establishment in which employed (or employer) Selling machines

(c) Name of employer U. S. Slicing Mach. Co.

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Geo. Frendenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Roettger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo. Frendenberger
(Address) 343 S. Woodyear St.

15 Filed ..... 19 ..... Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 31 1925

17

I HEREBY CERTIFY, That I attended deceased from 1922. 19 ..., to 3.31.25 . 19 ,

that I last saw h im alive on 3.31.25 . 19 ,

and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 2 yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Philip B. Fowler M. D.

4.1.25 . 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Apr 4, 1925

20 UNDERTAKER	ADDRESS
Harry H. Witzke	1581 W. Lombard

A R 4 - 1925

Burial Permit Clerk

A.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97041

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital 1924 - 1 REGISTERED NO. 38

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Henderson

(a) RESIDENCE NO. 1409 Argyle ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Henderson

6 DATE OF BIRTH (month, day, and year) July - 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
38	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Va

PARENTS

10 NAME OF FATHER James Henderson

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Hopkins

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Va

14 Informant Hospital Records (Address)

15 Filed APR 4 - 1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 19 25

17

I HEREBY CERTIFY, That I attended deceased from Mar 28, 1925, to April 3, 19 25, that I last saw him alive on April 3, 19 25, and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Myocardic degeneration

(duration) ½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) ..... yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) J. L. Szucs M. D.

19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portsmouth Va.	April 4th 1925
20 UNDERTAKER	ADDRESS
Harry A Wilzke	1531 Lombard St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97042

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S Exeter ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Joseph M. Riedl

(a) RESIDENCE NO. 227 S Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 24 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Catholic Priest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Riedl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Riedl

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rev Henry Gerlen (Address) 227 S Exeter

15 Filed APR 4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1925

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1925 to April 2, 1925, that I last saw h... alive on April 2, 1925, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Asthma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D.

..., 19 (Address) 5 E. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL April 6 1925

20 UNDERTAKER Wendell Dyffel & Son — ADDRESS 378 Hanover

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97043 D 97043

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2799 Eden Ave ST.; 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Augusta Stone

(Residence in Baltimore: No. 2799 Eden Ave St.; 86 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 4 (Day), 1839 (Year)

7-AGE, 46 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Planters
(b) General nature of industry, business, or establishment in which employed (or employer): Planters Home

9-BIRTHPLACE, (State or Country), Frederick, Maryland

PARENTS.

10-NAME OF FATHER, William Bradley Stone

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co. Md

12-MAIDEN NAME OF MOTHER Susan Virginia Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Stone

(Address) 2799 Eden Ave.

15-

Filed APR 4 - 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1924, to April 2 1925, that I saw h-im alive on April 2 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver, Stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Stomach

Autopsy (Duration) yrs. 3 mos. ds.

(Signed) Herbert M. Foster M. D.

April 3, 1925. (Address) 924 N. Clark St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, April 4, 1925

20-UNDERTAKER Martin Bakey Hom ADDRESS 1827 W North Ave.

Spec— 12-23-21— E.B.R.S.—400 Blks.

D 97044 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 97044

CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH

City of BALTIMORE: (No. 744 E. Preston St., 9-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Feehan

(a) Residence No. 744 E Preston St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. — mos. — ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) ? 1859

7-AGE 66 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Balto (State or Country) Md

PARENTS.

10-NAME OF FATHER, Patrick Feehan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ellen Claffey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Katherine M. Feehan

(Address) 744 E. Preston St

15- Filed ... Robert P. Harrison, Registrar.

APR 4 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 15th 1925 to April 3rd 1925

that I last saw h.. alive on April 2nd 1925

and that death occurred, on the date stated above, at 10:20 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

due Chronic Nephritis

Causing Hemiplegia

(Duration) — yrs. — mos. 1 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) Unknown ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dr Florence Sunderland M.D.

4/3, 1925 (Address) 2846 N Charles St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	April 7 1925
20-UNDERTAKER	ADDRESS
Henry Hoerle & Son	1301 E Eager St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. For instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97045

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97045

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1022 N. Bond St., 7-1 Ward)

Registered No. 91

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Louis L. Mardaga

(a) Residence No. 1022 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S., if of foreign birth? 72 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-Single, Married, Widowed or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of the late Mary Mardaga

6-DATE OF BIRTH (month, day and year) June 29 1834

7-AGE. 90 yrs. 9 mos. — ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer). Tailor

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Not Kn

12-MAIDEN NAME OF MOTHER. Not Kn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not Kn

14-(Informant) Mrs. Regina Mardaga

(Address) 1022 N. Bond St.

15- Robert F. Harrison,

Filed ... 192 ... Registrar.

Burial Permit Clerk

APR 4 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 3 1925

17- I HEREBY CERTIFY, That I attended deceased from March 18th 1925 to April 3 1925

that I last saw him alive on March 30th 1925

and that death occurred, on the date stated above, at 4.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Senile Debility

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. 1 mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Lower M. D.

April 3 1925 (Address) 1001 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery — DATE OF BURIAL. Apr. 6 1925

20-UNDERTAKER. Henry Hoeck Son — ADDRESS 1001 E Eager St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE ... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important ... instructions on back of certificates.

D 97046

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97046

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 16-6 St. Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Perry Butler

(Residence in Baltimore: No. 1320 W. Lafayette ave. St.; yrs. 62 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. About 1863
(Month) (Day) (Year)

7-AGE. 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. laborer
(b) General nature of industry, business, or establishment in which employed (or employer). (day)

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Johnson

(Address) 1320 W. Lafayette ave.

15-

Filed APR 4 1925 Robert F. Harrison,
Registrar.

[illegible] Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Duodenal Ulcer Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) yrs. 3 mos. ds.

(Signed) J. F. Hennessy M. D.
(Coroner.)

April 2 1925 (Address) 2 E. Fayette St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery DATE OF BURIAL. April 4 1925

20-UNDERTAKER. Adolphus Hasted ADDRESS 161 Hunter Ave Catonsville Md

Spec.—1-12-23—M&T—500 Blks.

D 97047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Bolton ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Adamp

(a) RESIDENCE NO. 2014 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 55 yrs; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington

PARENTS

10 NAME OF FATHER: John Adamp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Charles Morton

(Address) 2014 Bolton St

15 Filed APR 4 1925 19

Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1925

17 I HEREBY CERTIFY, That I attended deceased from March 15th, 1925, to April 2nd, 1925, that I last saw her alive on April 2nd, 1925, and that death occurred, on the date stated above, at 9 30 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Gilchrist, M. D.

4/3, 1925 (Address) 76 Linden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: April 6, 25

20 UNDERTAKER: Jos Joerdens & Son — ADDRESS: 217 S. Paca St

WARNING.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97048

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97048

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Fulton Ave. nr Lexington ST. 19-1 WARD)

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Grundegrieper

(a) RESIDENCE NO. 1538 W. Lexington St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Grundegrieper

6 DATE OF BIRTH (month, day, and year) April 5,1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Christian Grundgrieper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma C. Grundgrieper (Address) 1538 W. Lexington St.

15 Filed APR 4 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apri. 2,1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 10 , 1925 , to April 2, , 1925 , that I last saw h im alive on April 1 , 1925 , and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. ? mos ds.

CONTRIBUTORY (Secondary) Angina

(duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward Kevelaher M. D.

, 19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cemy

DATE OF BURIAL: April 6th/25

20 UNDERTAKER: Jos Joerdens Son

ADDRESS: 2478 Penn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97049

CERTIFICATE OF DEATH.

118 D 97049

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Wunder

(a) RESIDENCE No. Mt Hope Retreat ST. 28 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 67 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Decorator

(b) General nature of industry, business, or establishment in which employed (or employer) Decorating

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER George Wunder

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sofia (?)

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Germany

14 Informant Resd. of Mt Hope Retreat
(Address) Mt Hope Baltimore Md

15 Filed APR 4 1925, 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 30, 1891, to Apr. 3, 1925, that I last saw him alive on Apr 3, 1925, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis Post Tuberculosis

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) Chr. Dept. Bydrocele

(duration) 24 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank E Flannery M. D.

19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Apr. 6th 1925
20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—MAT—1500 Blks.

D 97050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 1 D 97050

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Cooney

(a) RESIDENCE NO. 4204 Eastern Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widow

6 DATE OF BIRTH (month, day, and year) May 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dietrich Kuney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Cooney

(Address)

15 Filed ....., 19 ..... Robert P. Harrison, Registrar

R 4 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-25, 1925, to 4-2, 1925, that I last saw her alive on 4-2, 1925 and that death occurred, on the date stated above, at 845 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Isidor J. Frey M. D.

March 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	April 4, 1925
20 UNDERTAKER John A. Moran	ADDRESS 2000 E. Baltimore St.

A. B. MARKS PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 97051

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1156 N. Calhoun St., 16-16 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Lillian Cooper

(Residence in Baltimore: No. 1156 N. Calhoun St. St.; yrs. 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH. Dec. 11, 1921
(Month) (Day) (Year)

7-AGE. ..... yrs. 3 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Cooper

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Alice Johnson

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Cooper

(Address) 1156 N. Calhoun St.

15-

Filed ..... Robert P. Harrison, Registrar.

APR 4 - 1925

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) no other airs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

April 3, 1925 (Address) 480 Lexington Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Rural cemetery	April 4 1925
20-UNDERTAKER.	ADDRESS 1631
Edward Bryon	Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 97052

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97052

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tony Lombardi

(a) RESIDENCE NO. 1115 E Pratt St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE: 61 yr.

Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Tony Lombardi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Municipal Hospital Records

(Address)

15 Filed ..... 19 .....

Robert T. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1925 to March 30 1925, that I last saw him alive on March 30, 1925 and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Muller, M. D.

3/31/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: 4/1/25

20 UNDERTAKER: J. J. Tuder & Sons — ADDRESS: 2318 Eighth

APR 4 1925

NOTICE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 97053

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97053

CERTIFICATE OF DEATH.

24-18-3

1-PLACE OF DEATH

Registered No. C .....

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Ferdinand Hampel.

(Residence in Baltimore: No. 1204 Towson St. St.; yrs. 13 ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. January 25, 1878.
(Month) (Day) (Year)

7-AGE. 47 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Bohemia.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER. (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brauer.

(Address) 1151 Haubert St.

15- Robert P. Harrison,

Filed 192 Registrar.

R 4 - 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 2, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon monoxide poisoning.
Accidental illuminating gas Asphyxia.
From a broken gas hose.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

April 3 192 5 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death..... yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?
1204 Towson St. March 30, 1925.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill	April 5 19
20-UNDERTAKER	ADDRESS
J. Pikes & Sons	131 E. Lafayette St.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 97054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-24-09

D 97054

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 424 Aisquith St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj. H. Jones

(Residence in Baltimore: No. 424 Aisquith 8 St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH. Unknown June 30th (Month) (Day) 1860 (Year)

7-AGE. 64 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Stone Work

9-BIRTHPLACE. (State or Country). Delaware

PARENTS.

10-NAME OF FATHER. Rodger Jones

11-BIRTHPLACE OF FATHER. (State or Country). Delaware

12-MAIDEN NAME OF MOTHER. Adline Ayres

13-BIRTHPLACE OF MOTHER. (State or Country). Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. William Walls daughter

(Address) Wilmington, Delaware

15-

Filed APR 4 - 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 3-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy
9Paralysis two yrs ago.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Reported - nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collins M. D. (Coroner.)

4-30-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Wilmington Del DATE OF BURIAL. 4-5 1925

20-UNDERTAKER. Jack Louis ADDRESS 1439 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97055

X 25-001970 5'5"

D 97055

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Griffith

(a) RESIDENCE NO. 330 S Ehn Ave ST. WARD Harford Co.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872 or 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53 yr or 65 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill worker 946

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Date APR 5 - 1925 ROBERT R. KRAUTER, Registrar
Assist Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to April 3, 1925,
that I last saw her alive on April 3, 1925
and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis, hypertension
Hemiplgia, left (thrombotic)

(duration) 3 yrs. (history) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. S. Miller, M. D.

4/3, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dublin Cem. Harford Co, Md	April 5 1925

20 UNDERTAKER H. L. Bailey ADDRESS Darlington, Md.

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97056

CERTIFICATE OF DEATH.

47 D 97056

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST., 70-S WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Ray

(a) RESIDENCE No. 608 S. Payson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Ray.

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Press Hand 086

(b) General nature of industry, business, or establishment in which employed (or employer) At General Electric

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Ray

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Estelle Shuckles

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Himself (Address)

15 Filed ..... 19 ..... Registrar

APR 6 1925 ROBERT P. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1925, to April 3, 1925, that I last saw him alive on April 3, 1925, and that death occurred, on the date stated above, at 3 10 P m.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous appendix - Peritonitis -

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus - Bronchopneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Mar. 26, 1925

Was there an autopsy? no

What test confirmed diagnosis? operation.

(Signed) M. Edwards. M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cedar Hill	Apr. 6 1925
20 UNDERTAKER George A. Schwab	ADDRESS 1101 Druid Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 ✓

D 97057
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 217 S Dallas ST., 3-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Skinner

(a) RESIDENCE NO. 217 S Dallas ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sarah Skinner

6 DATE OF BIRTH (month, day, and year) April 24 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown

9 BIRTHPLACE (city or town) Norfolk Va
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Norfolk, Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Norfolk

14 Informant Sarah Skinner
(Address)

15 Filed . 19 ADOLPH H. KRAUTER, Registrar

APR 5 1925 CLERK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1925

17

I HEREBY CERTIFY, That I attended deceased from March 29, 1925, to April 2, 1925, that I last saw him alive on April 2, 1925 and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) yrs., mos 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis - Cardiac

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Bernard Hanis M. D.

. 19 (Address) 385 Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	April 5 19 25
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97058

CERTIFICATE OF DEATH.

90 D 97058

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 S Kenwood ave 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Eisenrauch

(a) RESIDENCE NO. 670 S Kenwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthoney Eisenrauch

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Charles Schanebauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Bertrina Schanebauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Anthoney Eisenrauch

(Address) 640 S Kenwood ave

15 Filed APR 5 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 26 1925 to April 2 1925.

that I last saw h[illegible] alive on April 2 1925.

and that death occurred, on the date stated above, at 7 10 P M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Frank, M. D.

4/3 1925 (Address) 3932 Wabash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL April 6 1925

20 UNDERTAKER Wendell Diffel & Son

ADDRESS 378 Dunn

Permit Clerk

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97059

CERTIFICATE OF DEATH.

74-001

D 97059

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 906 Cathedral St. 11-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Wilson Davison

(a) RESIDENCE No. 906 Cathedral St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~
HUSBAND of
(or) ~~WIFE~~ of Sophia Bond Davison

6 DATE OF BIRTH (month, day, and year) October 4th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	81	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Chemical Co.

(c) Name of empioyer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm Davison

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Sarah Doon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14

Informant Miss E. V. Davison

(Address) 906 Cathedral St

15

Filed ..... 19 .....

ARR - 1925

ARTHUR R. KRAUTER
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1925

17

I HEREBY CERTIFY, That I attended deceased from March 25th, 1925, to April 4th, 1925,

that I last saw him alive on April 3rd, 1925,

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Geo. E. Shatford, M. D.

(Address) 300 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	April 6th 1925
20 UNDERTAKER	ADDRESS
Henry McJenkins Sons Co	Orduard Mt. Colleton Av

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97060

CERTIFICATE OF DEATH.

X101-001 D 97060

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Trans Howard St., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 1314 Rutter St

(a) RESIDENCE No. " " " ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State) Miss Carolina

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of "

6 DATE OF BIRTH (month, day, and year) Dec. 9-1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Mills

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Edward

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Johanna Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant (Address) [illegible] N. C.

15 Filed APR 5 - 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/4/25

17 I HEREBY CERTIFY, That I attended deceased from March 20th, 1925, to April 4th, 1925, that I last saw he alive on April 4th, 1925, and that death occurred, on the date stated above at 6:20 p. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 924 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weldon N.C. DATE OF BURIAL 4/5 1925

20 UNDERTAKER Samuel D. Kemsley ADDRESS 928 N. Eden St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97061

CERTIFICATE OF DEATH.

90 D 97061

1-PLACE OF DEATH

City of BALTIMORE: (No. 2418 Federal St., 8 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M Guttmann

(a) Residence No. 2418 Federal St., 8 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Femal

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of O H Guttmann

6-DATE OF BIRTH (month, day and year) May 30 1859

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town), (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Budde

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Marg. Miller

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Germany

14- (Informant) Paul Guttmann

(Address) 2418 E. Federal St

15- Filed APR 5 - 1925 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 3 1925

17- I HEREBY CERTIFY, That I attended deceased from October 17, 1924, to April 3 1925

that I last saw her alive on March 31 1925

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B P Sherzog M. D.

April, 1925 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: 4/6/25 19....

20-UNDERTAKER, Geo Leimbach & Son — ADDRESS 647 W Pratt St

In plain terms, so that it may be properly classified, state CAUSE OF DEATH exactly. PHYSICIANS should state the MEANS of violent deaths. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97062

CERTIFICATE OF DEATH.

90 D 97062

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Bank St. N-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Sweitzer Sr.

(a) RESIDENCE No. 3507 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rosa Sweitzer

6 DATE OF BIRTH (month, day, and year) Feb 23/52

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laboring 1940

(b) General nature of industry, business, or establishment in which employed (or employer) work at

(c) Name of employer M. L. Himmel Jan

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas. Sweitzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosa Sweitzer (Address) 3507 Bank St

15 Filed APR 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 3/ 1925

17 I HEREBY CERTIFY, That I attended deceased from October 10, 1924, to April 3 - 1925.

that I last saw h— alive on April 2 - 1925.

and that death occurred, on the date stated above, at 10 7/4 m.

The CAUSE OF DEATH* was as follows:

Senile Deg-Arteria-Cardiac Dis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Int acute endocar

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

, 19 (Address) 125 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 4/6 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97063

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Isaac of Rem 610-2 St. Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... James Mooney

(a) Residence No. Preston & Valley St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

~~Single,~~ Married, Widowed, ~~or Divorced,~~ (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Madden

6-DATE OF BIRTH (month, day and year) Aug 1861

7-AGE, 63 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Mooney.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Esther Harg.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14- (Informant) Thomas Mooney

(Address) 532 N. Curley St.

15- Filed, APR 5 - 1925 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 1/25

17- I HEREBY CERTIFY, That I attended deceased from No record 19 to 19

that I last saw h. alive on March 27 19 25

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

April 2, 1925 (Signed) F. A. Warner, M. D.

(Address) 1133 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 4-5 1925

20-UNDERTAKER: William Fiaw[illegible] — ADDRESS: [illegible] Eastern

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 97064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97064

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret V. Thompson

(Residence in Baltimore: No. Parkton Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	sing.

6-DATE OF BIRTH. unknown 1.....
(Month) (Day) (Year)

7-AGE. .....yrs. 6 mos. .....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Thomas Thompson

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER. Ida unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hopkins Hospital

(Address).....

15-

Filed ..... 192 ..... ROBERT R. KRAUTER, Registrar.

APR 5 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 3-25 192..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Hypertrophy-Dilatation
(Calcificationof Coronary Arteries
-Autopsy at Hopkins Hospital)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Wolf M. D.
(Coroner)

4-4-25 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Parkton Md	Apr. 5 1925

20-UNDERTAKER.	ADDRESS
E. LeRoy Stifler	258 North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1500 Blks.

D 97065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-01 D 97065

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 E Stockton ST., 18-3 WARD)

2-FULL NAME Low Digg-

(a) RESIDENCE NO. 1149 E. Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 18. 1925

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
—	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Diggs

11 BIRTHPLACE OF FATHER (city or town) Westmoreland Co (State or country) Va.

12 MAIDEN NAME OF MOTHER Susie Williams

13 BIRTHPLACE OF MOTHER (city or town) Westmoreland Co (State or country) Va

14 Informant John Diggs

(Address) 1149 E Stockton St

15 Filed ....., 19.... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1925

17 I HEREBY CERTIFY, That I attended deceased from March 31. 1925. to April 3. 1925

that I last saw him alive on March 31. 1925.

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos 6 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Powell M. D.

19 (Address) 1149 Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ringgold West Moreland Co Va — DATE OF BURIAL April 6th 1925

20 UNDERTAKER A. Jones — ADDRESS 111 S. Gilmor St

IMPORTANT: NAME AND ADDRESS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97066

CERTIFICATE OF DEATH.

D 97066

14-31

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Goodman

(a) Residence No. 1823 N. Stoddard Alley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1886

7-AGE.	If LESS than 1 day.
39 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber 004

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Goodman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Charlotte Diggs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed APR 5 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from February 25 1925 to Apr. 2 1925

that I last saw him alive on Apr. 2 1925

and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secundary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? ND Date of

Was there an autopsy? ND.

What test confirmed diagnosis? Laboratory

(Signed) T. B. Whaley M. D

4-3- 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St Lukes Cemetery Riderstown Md.	4/5 1925
20-UNDERTAKER.	ADDRESS.
Mrs Jas H. Dennis	1303 Preastman St

Rev T. E. Kelson

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

97067

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97067

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. S. W. Cor. Fulton & Franklin St., 70 - 5 Ward) 129

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Hester Garrett

(a) Residence No. 400 N. Fulton Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 84 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore County Md

PARENTS.

10-NAME OF FATHER Benjamin Garrett

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore County Md

12-MAIDEN NAME OF MOTHER Elizabeth Twinbaugh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore County Md

14- (Informant) Etta Cruddy

(Address) 400 N. Fulton Ave

15-

Filed APR 5 1925 192.. ROBERT P. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 4 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1925, to Apr. 4, 1925

that I last saw her alive on Apr 3 1925

and that death occurred, on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ? yrs. ? mos. ? ds.

18-Where was disease contracted if not at place of death? ~

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Frogs E. Shannon M. D.

, 19 (Address) 700 N Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery — DATE OF BURIAL. April 7 1925

20-UNDERTAKER. George J. Smith — ADDRESS 1532 Pennsylvania Ave

in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97068

CERTIFICATE OF DEATH.

D 97068

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Mens Home St., 19-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christopher C Hack

(a) Residence No. 1400 W Lexington St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, Wht

5-Single, Married, Widowed, or Divorced, (Write the word.) Sing

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Jan 19 1840.

7-AGE, 85 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Hall

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaret Allison

13-BIRTHPLACE OF MOTHER (city or town) York (State or Country),

14- (Informant) Lottie Blanche Fisher

(Address) 1400 W Lexington St

15- Filed APR 5 - 1925 19

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apl 4/25

17- I HEREBY CERTIFY, That I attended deceased from Apl 1 19 25 to Apl 4 19 25

that I last saw h..... alive on Apl 4 19 25

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senile Cardiac

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas F Moorwood M. D.

, 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Chestnut Grove Baltimore — DATE OF BURIAL, April 6 1925

20-UNDERTAKER, George J Smith — ADDRESS 153 Hollins St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97069

CERTIFICATE OF DEATH.

49 D 97069

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 S Paca ST.; 22-4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Geppi

(Residence in Baltimore: No. 416 S Paca St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, W

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) M

6-DATE OF BIRTH, — — 1869
(Month) (Day) (Year)

7-AGE, 56 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fruit dealer
(b) General nature of industry, business, or establishment in which employed (or employer): O'S

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Lawrence Geppi.

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa Farina

13-BIRTHPLACE OF MOTHER (State or Country), Italy -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Geppi

(Address) 411 Stiles St.

15- APR 5 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 2 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-2-1924, to 4-2-1925, that I saw h~~im~~ alive on 4-2-1925, and that death occurred, on the date stated above, at 11.40 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) S. Isaacs M. D.

4-3, 1925 (Address) 1601 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Md

DATE OF BURIAL, 4-6, 1925

20-UNDERTAKER Joseph Lehnen

ADDRESS 1315 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 97070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 97070

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Maryland Ave ST., 12-3 WARD)

2-FULL NAME Mamie Belle Kumberger

(a) RESIDENCE NO. 2816 Maryland Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Otto D. Kumberger

6 DATE OF BIRTH (month, day, and year) July 27, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Codorus Township York County. Pa.

PARENTS

10 NAME OF FATHER Napoleon B. Hetrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna C. Walter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York County Penn.

14 Informant Wm. H. B. Hetrick

(Address) York, Pa

Filed APR 5 - 1925 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24. 1925. to April 3. 1925.

that I last saw her alive on April 3. 1925.

and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal fluid test

(Signed) Wm. F. Watson, M. D.

April 5. 1925 (Address) 2100 St Paul St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL April 6 1925

20 UNDERTAKER Fox & Mrs John H Weufel & Son

ADDRESS 824 W. Fayette

Malone should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97071

CERTIFICATE OF DEATH.

D 97071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mo Gen Hosp X ST., 11-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo Geo Johnson

(a) RESIDENCE NO. Boise Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Byron W Johnson

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HW

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Va

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margiet Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Byron W Johnson

(Address) 1 Bruce Va

15 Filed APR 5 - 1925 19 ... PETER R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5/1925

17

I HEREBY CERTIFY, That I attended deceased from 3/25/25 19... to 4/5/25 19...

that I last saw h... alive on 4/5/25 19...

and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gangrene Pneumonia

Acute Myocarditis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Hugh Tompkins M. D.

, 19 (Address) 100 Hutton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bush Va	4/5/25
20 UNDERTAKER	ADDRESS
Harry F. Whitlock	Emmart

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97072 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97072

CERTIFICATE OF DEATH. 118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 10-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Wasserman

(a) RESIDENCE NO. 62 Enson st ST., WARD

(Usual place of gbode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U. S., If of foreign birth? — yrs. — mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nat Wasserman

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Sylvia Herman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant F. Herman
(Address) 62 Enson st

15 Filed APR 6 - 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1925 to April 5, 1925, that I last saw her alive on April 5, 1925, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
(Volvulus)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 4, 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nathan F. Zinn. M. D.

4/5 19 25 (Address) 72 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nethuen Southern Ave DATE OF BURIAL 4/6 19 25

20 UNDERTAKER H. J. Finnerty Bro ADDRESS 1127 E. Balto st

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97073

CERTIFICATE OF DEATH.

101-001

D 97073

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2442 E Clare ST., 8-4 WARD

2-FULL NAME Hilda Paydenuts

(a) RESIDENCE NO. 2412 E Clare ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 24 1924

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	1	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Paydenuts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Jewik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant. John Paydenuts

(Address) 2442 E Clare St

15 Filed APR 6 - 1925 ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1925

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1925, to April 4 1925

that I last saw her alive on April 4, 1925

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Endo. Dilat

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Reynolds M. D.

19 (Address) 801 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill — DATE OF BURIAL April 6 1925

20 UNDERTAKER Fun Funeral Home — ADDRESS 1906 E Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 97074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/29 D 97074

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Colt McCook

(a) RESIDENCE NO. Sherwood Hotel ST Baltimore (Monument St) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of General Alexander McDowell McCook

6 DATE OF BIRTH (month, day, and year) Nov 25 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Albany N.Y.

PARENTS

10 NAME OF FATHER Joseph Colt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Palmyra N.Y.

12 MAIDEN NAME OF MOTHER Henrietta Peckham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Connecticut

14 Informant (Address) Annie Colt McCook Sherwood Hotel Monument St Baltimore

15 Filed ..... 19 ..... ROBERT P. KRAUTER, Registrar

Burial Permit Issued APR 6 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1900, to April 5th, 1925, that I last saw her alive on April 5th, 1925 and that death occurred, on the date stated above, at 11:45A m.

The CAUSE OF DEATH* was as follows: Uraemia — Nephritis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 20 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? U.S.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy-Clinical

(Signed) Joseph C. Bloodgood, M. D.

(Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Place Winton Ohio	April 7 1925

20 UNDERTAKER Henry Watkins & Son

ADDRESS Edward Mc Colloh &

GIVE ALL INFORMATION REQUESTED. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38

D 97075

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1319 Upton ST., 17-1 WARD)

2-FULL NAME Hugh Deskins

(a) RESIDENCE NO. 1319 Upton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 9-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Deskins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Statty Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Statty Deskins (Address) 1319 Upton St.

15 Filed ..... 19 ..... ROBERT J. KRAUTER, Registrar

APR 6 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1925

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1925, to April 2, 1925; that I last saw him alive on April 2, 1925, and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolysis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Syphilis (duration) Possibly Hereditary yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John C. Stewart M. D.

4-4, 1925 (Address) 707 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville

DATE OF BURIAL 4/6 1925

20 UNDERTAKER Samuel N. Bundy

ADDRESS 778 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97076

CERTIFICATE OF DEATH.

1-3 129

D 97076

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 S. Kenwood Ave ST., WARD)

2-FULL NAME William Avesser

(a) RESIDENCE NO. 928 S. Kenwood Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Avesser

6 DATE OF BIRTH (month, day, and year) July 26, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 years

(c) Name of employer Canton Box Co

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Wm. Avesser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Avesser Jr.
(Address) 928 S. Kenwood Ave

15 Filed APR 6 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1923, to April 3, 1925, that I last saw him alive on April 2, 1925, and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Tubal Nephritis

(duration), 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. K. Ley, M. D.

April 4, 1925 (Address) 2301 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem.	April 6 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 Hoffman

BEFORE FILLING OUT THIS CERTIFICATE READ CAREFULLY THE INSTRUCTIONS GIVEN BY THE REGISTRAR. AGE should be stated in every case. If the deceased was a child, state DAYS if under 1 month, MONTHS if under 2 years. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 97077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 N Regester St ST., 8-2 WARD)

2-FULL NAME Ruth Margaret Wagner

(a) RESIDENCE NO. 1617 N Regester St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1/r yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 23, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Louis Wagner

11 BIRTHPLACE OF FATHER (city or town) Towson (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lydia Scharfer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant John Louis Wagner (Address) 1617 N. Regester St. Balto Md.

15 Filed APR 6 - 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 5, 1925, that I last saw her alive on April 4th, 1925, and that death occurred, on the date stated above, at 9:10 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. Wilbur Seward M. D.

4/5, 1925 (Address) 1738 E 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. DATE OF BURIAL April 7 1925

20 UNDERTAKER H. Sander Sons ADDRESS 1710 Druid Pk

IMPORTANT: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60 D 97078

1-PLACE OF DEATH

City of BALTIMORE, (No. 1825 N. Caroline St., 8-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia L. Schmidt

(a) Residence No. 1825 N. Caroline St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Schmidt

6-DATE OF BIRTH (month, day and year) 10/6/1866

7-AGE. 58 yrs. mos. ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Amelia Conrad

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) John Schmidt (Address) 1825 N. Caroline St

15- Filed ... 192... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 2. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 2 19 25 to Apr 2 19 25

that I last saw h. alive on Apr 2 19 25

and that death occurred, on the date stated above, at 6P. m.

The CAUSE OF DEATH* was as follows:

Ex of Opthalmic Goiter

Auto Intoxication. Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos. H. Haynes M. D.

4/5, 1925 (Address) 14 E. Read St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem	4/6 1925
20-UNDERTAKER.	ADDRESS
George J. Ruth	1735 Hanford Ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

147 D 97079

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2011 E Lafayette Av St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle May Roth

(a) Residence No. 2011 E. Lafayette Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Roth

6-DATE OF BIRTH (month, day and year): 12/2/1893

7-AGE: 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): New Rochelle NY

PARENTS.

10-NAME OF FATHER: Wm Isselowe

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Patterson NJ

12-MAIDEN NAME OF MOTHER: Catherine Simcox

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md.

14-(Informant): Charles Roth

(Address): 2011 E. Lafayette Ave

15-Filed APR 6 - 1925 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr. 4. 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 2 1925 to Apr 4 1925

that I last saw h alive on Apr 3 1925

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

4/6 1925 (Signed) Carol Fisher M. D.

(Address) 2234 Mad Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 4.7 1925

20-UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Albert H Holly.

D 97080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 97080

1-PLACE OF DEATH

City of BALTIMORE: (No. 2304 N Mount St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Albert H Holly

(a) Residence No. 2304 N Mount St., Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 11 1910

7-AGE, 15 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)... do

(c) Name of employer...

9-BIRTHPLACE (city or town)... Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Joshua J. Holly

11-BIRTHPLACE OF FATHER (city or town)... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary E Martin

13-BIRTHPLACE OF MOTHER (city or town)... (State or Country), Md

14- (Informant)... Joshua J. Holly

(Address)... 230 N. Mount St

15- Filed APR 6 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 2 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1925 to April 2 1925

that I last saw h[illegible] alive on April 1 1925

and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows: Cardiac Renal

(Duration)... yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration)... yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Stewart M. D.

4 2 , 1925 (Address) 704 Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL, Apr 6. 1925

20-UNDERTAKER, Jas. W. Cruse & Son | ADDRESS 1400 Madison Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 97081

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97081

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1932 Walbrook Ave. ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse S.Hiser,

(a) RESIDENCE NO. 1932 Walbrook Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Lucinda Hiser,

6 DATE OF BIRTH (month, day, and year) March 3.1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: United R.W.Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Co.Md.

PARENTS

10 NAME OF FATHER: Nicholas Hiser,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Manda Stocksdale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co.Md.

14 Informant: Mrs.Lucinda Hiser,
(Address): 1932 Walbrook Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): APR 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 19 25, to April 4, 19 25, that I last saw h ill alive on April 2, 19 25, and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Sudler M. D.

19 (Address) 2348 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: APR 7 1925 19

20 UNDERTAKER: Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Special Permit C[illegible]

Spec.—1-10-21—M&T—1500 Blks.-

17936 3 D 97082

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 100-001 D 97082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Hahn

(a) RESIDENCE No. North Pt. Rd. (Bear Creek) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER Leonard Hann

11 BIRTHPLACE OF FATHER (city or town) ? New Jersey
(State or country)

12 MAIDEN NAME OF MOTHER Myrtle Hann.

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) New York

14 Informant Records
(Address) Johns Hopkins Hosp.

15 Filed APR 6 - 1925 CHAS. B. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 - 1925

17

I HEREBY CERTIFY, That I attended deceased from March 13 - 1925, to April 4 - 1925,

that I last saw her alive on April 4 - 1925,

and that death occurred, on the date stated above, at 12 00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos 18 ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) — yrs. — mos. 27 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes -

What test confirmed diagnosis? None

(Signed) C. J. Syfer, M. D.

4-5 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL April 6 1925

20 UNDERTAKER Josiah Syfer — ADDRESS 1600 N. Nor... ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97083

CERTIFICATE OF DEATH.

D 97083

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 218 Patapsco Westport ST., 25-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda A Smith

(a) RESIDENCE NO. 218 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Smith

6 DATE OF BIRTH (month, day, and year) Aug 14 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1852	Aug	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jno Holathen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Muller

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Emma L Smith (Address) 218 Patapsco

15 Filed APR 6 - 1925 WM. H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1925

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1925, to April 4, 1925, that I last saw her alive on April 4, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin Manifestations

(Signed) Wm H Krauter M. D.

4/6, 1925 (Address) 2416 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Garden Park Cemetery	April 6 1925
UNDERTAKER	ADDRESS
Josiah Lupfer	1601 W Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97084

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Amelia Kirchwehn

(a) Residence No. 1438 Covington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Kirchwehn

6-DATE OF BIRTH (month, day and year) Nov. 25, 1855

7-AGE. 64 yrs. 5 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. General housework

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Martin Metzke

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Julia Beermann

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14 (Informant). Dept. Records

(Address). St. Joseph Hosp

15- APR 6 - 1925 ROBT. S. KRAUTZ Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 4. 1925

17- I HEREBY CERTIFY, That I attended deceased from March 31, 1925 to April 4, 1925

that I last saw h.. alive on April 4, 1925

and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Bronchitis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Sylvest M. D.

4/4, 1925 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cem. DATE OF BURIAL. Apr. 7, 1925

20-UNDERTAKER. Margaret G. Flynn ADDRESS 1422 Eagle St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97085

CERTIFICATE OF DEATH.

25-6

D 97085

1-PLACE OF DEATH

City of BALTIMORE: (No. Violet Ave., English Consul St.,.....Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME....Eugene Stewart Littrell

(a) Residence No. Violet Ave., English Consul .....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr. 3, 1924

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 10 hrs. or.....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, Eugene B. Littrell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER, Margaret May Stewart

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto., Md

14- (Informant) Eugene Littrell

(Address) English Consul

15- Filed APR 6 1925 ROBERT R. KRAMER, Registrar. Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 4-1925

17- I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 3, 1925, that I last saw h~~e~~ alive on April 3, 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

.....(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) C. Eckenbrecher M. D.

, 19 (Address) 1412 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Apr. , 19 25

20-UNDERTAKER, Margaret G. Flynn ADDRESS 1412 Light St

instructions on back of certificates.

D 97086 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27 197 D 97086

Registered No. C

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Wilson.

(Residence in Baltimore: No. 42 E. York St. St.; 39 yrs., --- mos. --- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. Do not know. (Month) (Day) (Year)

7-AGE. 39 yrs. --- mos. --- ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Deck-hand
(b) General nature of industry, business, or establishment in which employed (or employer): D7d

9-BIRTHPLACE, (State or Country). Baltimorr, Md.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Tidings.

(Address) 1289 Battery Ave.

15- Filed APR 6 - 1925 Issued ROBERT R. KRAUTH, Burial Permit Clerk. 16- Entered.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 3, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to pistol shot wound of the lung & aorta

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Homicide

(Duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt M. D. (Coroner)

Apl. 5 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? York & Light Sts. April 8, 1925.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem.	April 6, 1925
20-UNDERTAKER.	ADDRESS
Margaret J. Hynes	410 Light St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97087

D 97087

PLACE OF DEATH

City of BALTIMORE: (No. 1607 Pennington Ave. St., Ward 75-11

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt R. Cooke

(a) Residence No. 1607 Pennington Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie Fagan

6-DATE OF BIRTH (month, day and year) Oct 5th 1876

7-AGE: 48 yrs. 6 mos. 0 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer): 047

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Robt C Cooke Sr.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Molly Chapman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Mrs Annie Cooke

(Address) 1607 Pennington Ave.

15- Filed APR 6 - 1925 16- ROBT. A. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 5 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 1924 to Apr 5, 1925

that I last saw h.. alive on Apr 3, 1925

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngitis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas O'B Brooke M. D.

Apr 6, 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Brooklyn — DATE OF BURIAL: Apr 8 1925

20-UNDERTAKER: Geo F Howard & Son — ADDRESS: 901 Hollins St

Geo F Howard

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

21-129 D 97088

1-PLACE OF DEATH

City of BALTIMORE: (No. 1115 Carroll St. St., ... Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary A. Lee

(a) Residence No..... 1115 Carroll St. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female.

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced (HUSBAND) of (or) WIFE of Patrick Lee

6-DATE OF BIRTH (month, day and year) February 1860

7-AGE. 64 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... house wife 37

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore, Md.

PARENTS:

10-NAME OF FATHER John McDermott

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Sarah Sullivan

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland.

11- (Informant) Mr. Patrick Lee

(Address) 1115 Carroll St.

15- Filed APR 6 - 1925 ..... 192.. Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 4 1925

17- I HEREBY CERTIFY, That I attended deceased from March 1 1925 to April 3 1925

that I last saw h alive on... April 3 1925

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Independent

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. P. Campbell M. D.

, 19 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Apl 8 1925

20-UNDERTAKER. John F. Cowan & Son ADDRESS 901 Hollins St.

Per F. J. Cowan

In plain terms, so that it may be properly classified. See instructions on back of certificates.

97089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97089

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Jail. St., 16-6 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Scott.(C)

(Residence in Baltimore: No. 1103 N. Mount St. St.; hrs. 24. mos. ---------- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female.	Colored.	Single.

6-DATE OF BIRTH. Do not know. (Month) (Day) (Year)

7-AGE.				If LESS than 1 day,
24 yrs.	---------- mos.	---------- ds.		hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Bragg.(C)

(Address) 1425 McCulloh St.

15-

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 1, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Sepsis.
Infection of the left hand.
Chronic Interstitial Nephritis.
Uraemia. (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

April 6, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. 4/1/25 192

20-UNDERTAKER. ADDRESS 578

Samuel Stemberg & H. Buddle

DATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97090

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97090

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 S. Third (ST.) Brook (WARD) 45 - 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Connor

(a) RESIDENCE NO. 2 S. Third ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nicholas Connor

6 DATE OF BIRTH (month, day, and year) June 17 1855

7 AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	69	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Mr Harry H Connor

(Address) 2 S Third st

15 Filed APR 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 26, 1925, to April 3, 1925

that I last saw h alive on April 3, 1925

and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H.P. Campbell M. D.

April 4, 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL APR. 6 19 25

20 UNDERTAKER John F Denny

ADDRESS 915 Lig St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97091

CERTIFICATE OF DEATH.

D 97091

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Alhambra Apts. St. 2120-6 Ward) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Lazarus

(a) Residence No. Alhambra Apts. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida Lazarus

6-DATE OF BIRTH (month, day and year) Dec. 25, 1867

7-AGE. 57 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret. Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.....

9-BIRTHPLACE (city or town). Balto. (State or Country), Md.

PARENTS.

10-NAME OF FATHER Bernard Lazarus

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Castel

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Germany

14- (Informant) Mr. Nathan Lazarus

(Address) Lake Drive Apts.

15- FILED APR 6 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/5/25.

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1924, to April 5th 1925, that I last saw h.. alive on April 5th 1925, and that death occurred, on the date stated above, at 2.20 a.m. The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease with Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1/2 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrams M. D.

April 5th 1925 (Address) 2360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Friendship Cem.	4/7/ 1925
20-UNDERTAKER.	ADDRESS.
David Sondheim	1850 Druid Hill Ave.

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

In place names, do not abbreviate. Help to keep the Map of property unaltered.

Spec.—1-10-21—M&T—1500 Blks.

D 97092 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97092

CERTIFICATE OF DEATH. X 135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Jonas Freundlich

(a) RESIDENCE NO. Charleston, W. Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Louise Hall Freundlich

6 DATE OF BIRTH (month, day, and year) Oct 20/1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	74 yrs.	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Jobber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Leopold Freundlich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frankenheyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs E. Feuchtwanger (Address) 1616 Linden Ave

15 Filed APR 6 - 1925, 19 ROBERT R. PRESTON Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5/ 1925

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1925, to April 5, 1925, that I last saw h in alive on April 5, 1925 and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:

Myocardial failure (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertrophy of Prostate (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Charleston W. Va.

Did an operation precede death? Yes. Date of 4/3/25.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos M. Friedenwald, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew DATE OF BURIAL April 7 1925

20 UNDERTAKER David Sondheim ADDRESS 1 Park Ave

NOTICE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97093

CERTIFICATE OF DEATH.

90

D 97093

1-PLACE OF DEATH

City of BALTIMORE. (No. Little Sisters of the Poor 10-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Frank Chester

(a) Residence No.... Preston & Valley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed,~~ or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) 1855

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Michael Chester

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, Hannah Crosland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14-

(Informant) Sister Florence

(Address) Preston & Valley

15-

APR 6 - 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 4 1925

17- I HEREBY CERTIFY, That I attended deceased from No record, 19 to 19

that I last saw h[illegible] alive on April 2, 1925

and that death occurred, on the date stated above, at 11½ P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed F. A. Warner, M. D.

April 5, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn — DATE OF BURIAL, April 7, 1925

20-UNDERTAKER, J. E. Bielefeld — ADDRESS 14 Granville Ave

Instructions on back of certificates. Failure to answer questions correctly may be property classified. See

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97094

CERTIFICATE OF DEATH.

90 D 97094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Cookie

(a) RESIDENCE NO. 1216 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	77 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Lewis Cookie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Chattie Cookie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kentucky

14 Informant: Municipal Hospital Records
(Address)

15 Filed APR 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 3, 1925, that I last saw him alive on April 3, 1925 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic
myocarditis (degenerative)
Myocardial insufficiency
(duration) 1 (History) ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory + autopsy

(Signed) W. L. Miller M. D.

4/4. 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Apr. 6th 1925

20 UNDERTAKER: Jno. M. Johnson

ADDRESS 1301 Druid Hill Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97095

D 97095

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Morris

(Residence in Baltimore: No. 811 N. Dallas St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	sing.

6-DATE OF BIRTH. April 22-25 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
yrs. mos. 9 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Harry Blakestone

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER. Violet Morris

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address).....

15- JOHNS HOPKINS HOSPITAL

Filed ..... 192 ..... Registrar.

APR 6 1925

(0.348 Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1-25 192
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of New Born

(Autopsy at Hopkins

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Potter M. D.
(Coroner.)

4-3-25 192 (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	March 19 25
20-UNDERTAKER.	ADDRESS
Undertaker	

IMPORTANT—CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97096
179772

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97096

CERTIFICATE OF DEATH

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 2-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Doemling

(a) RESIDENCE NO. 207 S. Chapel St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	?	20	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Doemling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Henrietta Doemling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Records John Hopkins Hospital
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1925 to April 5, 1925 that I last saw her alive on April 5, 1925 and that death occurred, on the date stated above, at 3 15 a.m.

The CAUSE OF DEATH* was as follows:

Post Pertussis Bronchopneumonia

(duration) ..... yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Walter B. Stewart M. D.

..... 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 7 1925

20 UNDERTAKER: Martin W & Dipfel — ADDRESS 37 Pleasant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97097
Registered No. 117

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McKenzie

(a) Residence No. 116 Woodlawn Rd. St., Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sally Brown

6-DATE OF BIRTH (month, day and year) Mar 17, 1862

7-AGE. 63 yrs. 0 mns. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Iron Steel Broker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, John McKenzie

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Sally Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) John J. McKenzie
(Address) 116 Woodlawn Road

15- Filed APR 6 1925, 192.. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr 6/25

17- I HEREBY CERTIFY, That I attended deceased from Mar. 31, 1925 to Apr 6 1925
that I last saw him alive on Apr 6 1925
and that death occurred, on the date stated above, at 7:30 m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 hrs. ds.

CONTRIBUTORY (Secondary) Acute appendicitis

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of March 31, 1925

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Donald C. Chandler M. D.
, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. | DATE OF BURIAL, Apr. 8 1925

20-UNDERTAKER: John Gutelius | ADDRESS 1201 N. Eutaw

All information required, so that it may be properly classified. See instructions on back of certificates.

D 97098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-31

Registered No. D 97098

1-PLACE OF DEATH

City of BALTIMORE: (No. 202 Ivy ally St., Ward)

2-FULL NAME Wong Hee dis

(Residence in Baltimore: No. 207 Ivy ally St.; yrs., 10 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Chinese

5-Single, Married, Widowed, or Divorced, (Write the word.) Don't Know

6-DATE OF BIRTH. Don't Know (Month) (Day) I (Year)

7-AGE. About 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundry
(b) General nature of industry, business, or establishment in which employed (or employer). 041

9-BIRTHPLACE, (State or Country), China

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chin Quong

(Address) 114 Park ave

15-

Filed APR 6 - 1925 MABEL H. KRAUS Registrar

Local Permit No. John C. Mitchell Fayette

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or Inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or Inquiry.)~~ find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) H. R. Gorsuch M. D. (Coroner.)

4-6 1925 (Address) 117 N. Gay St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, April 6 1925

20-UNDERTAKER, John C. Mitchell ADDRESS 1200 N. Fayette

is very important. See instructions on back of certificate. CAUSE, STATEMENT OF OCCUPATION

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97099

CERTIFICATE OF DEATH.

90 D 97099

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 303 Oakdale Road ST., WARD 7-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa B. Reynolds

(a) RESIDENCE No. 303 Oakdale Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John D. Reynolds Sr

6 DATE OF BIRTH (month, day, and year) Nov 28/1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) W. Va
(State or country)

PARENTS

10 NAME OF FATHER Jacob Berger

11 BIRTHPLACE OF FATHER (city or town) Switzerland
(State or country)

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) Switzerland
(State or country)

14 Informant John D Reynolds Sr
(Address) 303 Oakdale Road

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Coroner, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Jaundice
Chronic Nephritis
Heart.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Chas Morrison M. D.
(Coroner.)
April 6 1925 (Address) 502 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL April 7 1925

20 UNDERTAKER John O Mitchell ADDRESS 1202 E. Fayette

IF IN Very important. See instructions on back of certificate. EXACT statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97100

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Beaumont

(a) Residence No. Ridgley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W

5-Single, Married, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank E Beaumont

6-DATE OF BIRTH (month, day and year) Dec 24, 1864

7-AGE. 6 1 yrs. 5 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). New York

PARENTS:

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) New York

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). New York

11- (Informant) Chas. A. Beaumont

(Address) Greensboro, Md.

15- Filed APR 6 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/5/25

17- I HEREBY CERTIFY, That I attended deceased from 3/26/25 19 to 4/5/25 19

that I last saw h alive on 4/5/25 19

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

Mitral Insufficiency

Primary Cause Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Stenosis

Hypostatic Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Dolley M. D

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Greensboro, Caroline Co. DATE OF BURIAL. Apr 6 1925

20-UNDERTAKER. Wm Cook ADDRESS 502 E North Ave

Instructions on back of certificates. Exact statement of OCCUPATION is very important. See

Cor.—1-12-23—M&T—100 Bks.

D 97101

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 D 97101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 S Bond St (Rear) ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Mc Guffin

(a) RESIDENCE No. 716 S Bond St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mc Guffin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tutoer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Mc Guffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Kraus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant (Address) Mrs Ekas 1549 Abbotson Street

15 Filed APR 6 - 1925 ROBERT R. KRAMER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Chr. Alcoholism

(duration) Yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Geo Chas Radcliffe, M. D.

Apr 5/25 (Coroner) (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 4/7 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Hoff

TION is very important. See instructions on back of certificate.

...that it may be properly classified. Exact statement of OCCUPA-

...CIANS should state

Spec.-1-10-21-M&T-1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97102

CERTIFICATE OF DEATH.

X 111-001

D 97102

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital Balto. St.) (WARD)

2-FULL NAME John Spurr

(a) RESIDENCE NO. Ellicott City, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Spurr

6 DATE OF BIRTH (month, day, and year) July 25-1855

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Genoa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ernest Mercer

(Address) 1119 Poplar Grove St.

15 Filed ..... 19..

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/28, 1925, to 4/6, 1925.

that I last saw him alive on April 6, 1925

and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 13 25

Was there an autopsy? No —

What test confirmed diagnosis? P. Examination —

(Signed) Anthony V. Buchness, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL April 7 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97103

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 E Lanvale ST., 9-6 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L McComas

(a) RESIDENCE NO. 1245 E Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A

6 DATE OF BIRTH (month, day, and year) May 7 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Trenton N.J.

PARENTS

10 NAME OF FATHER John Chandlee

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mc Kown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. Kown

14 Informant George McComas

(Address) 1245 E Lanvale

15 Filed APR 6 - 1925 16 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1 1925, to April 5 1925, that I last saw h er alive on April 5 1925, and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic haemolymphatic nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Lee Lyon M. D.

4, 5, 1925 (Address) 1206 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	April 7 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Buttery
3316 N. Calvert

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97104

CERTIFICATE OF DEATH.

74-001 D 97104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 20 North Lakewood St. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Captain Joshua L. Roberts

(a) RESIDENCE NO. 20 North Lakewood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Caroline

6 DATE OF BIRTH (month, day, and year): Aug 28, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or min.
	83	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired tug Boat

(b) General nature of industry, business, or establishment in which employed (or employer): Captain for himself

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Benjamin Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Jane A Goddard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mr John. Muckelroy

(Address) 3707 Garrison Ave

15 APR 6 - 1925 Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1925, to April 4, 1925;

that I last saw h(er) alive on April 3, 1925;

and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Hemorrhage

(duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E B Britton, M. D.

, 19 (Address) 3316 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 4/7 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97105 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 97105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 N. Caroline ST. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A Sherman

(a) RESIDENCE No. 1925 N. Caroline ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgianna

6 DATE OF BIRTH (month, day, and year) June 25 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City — City Hall

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Sherman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Brennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Georgianna Sherman 1925 N. Caroline St.

15 Filed APR 6 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 30, 1925, to Apr 5, 1925, that I last saw h live on Apr 4, 1925, and that death occurred, on the date stated above, at 6-20 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia Cardiac Asthenia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harwood Latimer, M. D.

5/6 1925 (Address) 2027 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Apl	5 1925
20 UNDERTAKER	ADDRESS
Wm Cook	921 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Stone—6-9-19—H. P. Co.—1000 Blks.

97106

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97106

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Rial of America Knapt

CITY OF BALTIMORE: (No. 418 W. Lexington St. ST. 77-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Grand Yash.

(a) RESIDENCE. No. 64 N Bankard ST., WARD.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) About 184x

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 80	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 99

9 BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed APR 6 - 1925 [illegible] Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2. 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1st 3:00 P.M. 1925, to April 2nd 7 P.M. 1925, that I last saw him alive on April 2nd 1925, and that death occurred, on the date stated above, at 7:00 P.M.

The CAUSE OF DEATH* was as follows:
Acute Intestional obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. F. Conrey, M. D.

, 19 (Address) Vol. of Amer. Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	April 6 1925
20 UNDERTAKER Harry J. Nolte	ADDRESS 531 N Howard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Willie Ann. Turner

D 97107

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 97107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Merryman Lane WARD) 12-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Ann Turner

(a) RESIDENCE No. 416 Merryman Lane WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Levi Green

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE — Years: 63 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Caroline Co Va

PARENTS

10 NAME OF FATHER: Wm Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mamie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): George Childs 416 Merryman Lane

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4 1925

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to April 4, 1925, that I last saw he alive on April 4, 1925, and that death occurred, on the date stated above, at 8:50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 15 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) 48 hrs. 10 mos. 20 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Blood

(Signed) Geo L Hall, M. D.

19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Caroline County Va — DATE OF BURIAL: April 6 19 25

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 724 Eastland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97108

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97108

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Townsend & Lanvale ST., 4-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hinder.

(a) RESIDENCE NO. University Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov 8. 1827

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	97	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Md. U. Hosp.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Michael H. Hynes

(Address): 2315 Mid. ave

15 ....., 19..... Robert P. Harrison,

Registrar

- 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April. 4. 1925

17

I HEREBY CERTIFY, That I attended deceased from 7-5 ..., 1924, to 4-4 — 1925.

that I last saw h.. alive on April. 4, 1925.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration, Chronic nephritis & Carcinoma of Osteosarcoma.

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Place of birth

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. A. Anderson M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: Harwood MD. Chapel Hill Cem.

DATE OF BURIAL: Apr 7 1925

20 UNDERTAKER: John O. Mitchell

ADDRESS: 1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC... TION is very important. See instructions on... ns on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97109

CERTIFICATE OF DEATH.

41-002 D 97109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 W Barre ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Torrentrop

(a) RESIDENCE No. 709 W Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Frederick H. Torrentrop

6 DATE OF BIRTH (month, day, and year) Feb 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Conrad Muhl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lily Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amelia Rorstadt

(Address) 709 W Barre St

15 Filed ..... 19 Robert P. Harrison, Registrar

6-1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1924, to April 5, 1925.

That I last saw h alive on Apr 4, 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows

Arteriosclerosis

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Mulyhoag, M. D.

Apr 6 1925 (Address) 729 Linden Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	April 7 1925

20 UNDERTAKER	ADDRESS
John C Mitchell	201 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97110

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97110

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary — 6-1

City of BALTIMORE: (No. Fairmount & Broadway St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Virginia Merryman

(a) Residence No. Bradshaw Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W.

5-Single, ~~Married~~, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Clayton Merryman

6-DATE OF BIRTH (month, day and year) July 13-1859

7-AGE 67 yrs. 7 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS

10-NAME OF FATHER, Geo. E. Powell

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER, Virginia A. Snyder

13-BIRTHPLACE OF MOTHER (city or town) Pine Grove (State or Country), Md

11- (Informant) Mrs. Liliane Merryman

(Address) Bradshaw Md

15- Filed 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 4-25

17- I HEREBY CERTIFY, That I attended deceased from March 29, 1925 to April 4, 1925.

that I last saw h.e. alive on April 4, 1925.

and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Cyst of Ovary Right -

Cholelithiasis - & Cholecystitis Chronic -

Appendicitis Chronic

(Duration) Indefinite ds

CONTRIBUTORY (Secondary) Chronic Myocarditis & Chronic Nephritis (Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death? Bradshaw - Md.

Did an operation precede death? Yes - Date of Mar. 30, 1925

Was there an autopsy? No

What test confirmed diagnosis Clinical & Operative Findings

(Signed) F. W. Wright M. D

, 19 (Address) Church Home Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL, ... 192 5

20-UNDERTAKER, Peter Noe — ADDRESS 1251 N. Howard St

To print terms, so that it may be properly examined, instructions on back of certificates. Exact statement of OCCUPATION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 97111

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (ST.) (WARD) 16-5 12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland J. Reed

(a) RESIDENCE NO. 845 Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25th 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer) National Life Insurance Company

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James A. Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Md

12 MAIDEN NAME OF MOTHER Victoria S. Callahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Easton Md

14 Informant James W. Reed

(Address) 2501 W. Lanvale St

15 Filed APR 6 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5 1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 4/5, 1925,

that I last saw h.. alive on 4/3, 1925,

and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Multiple abscesses of liver. Empyema rt. chest

(duration) Don't know yrs. mos. ds.

CONTRIBUTORY (Secondary) General weakness

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? yes Date of 11/28 1/31 2/11 3/14

Was there an autopsy? No.

What test confirmed diagnosis? Eosinophilia 1 pm

(Signed) E. H. Hulshizer, M. D.

4/6, 1925 (Address) 1010 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL April 8th 1925

20 UNDERTAKER C. Carson Bernard — ADDRESS 733 W. Lafayette Ave

TION is very important. See instructions on back of certificates. Exact statement of occupa-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97112

CERTIFICATE OF DEATH.

D 97112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S. Clinton ST., 26 WARD)

REGISTERED NO. 24-65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Owen T. Finnegan

(a) RESIDENCE No. 100 S. Clinton ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine Finnegan

6 DATE OF BIRTH (month, day, and year) Oct. 31st 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer at O40

(b) General nature of industry, business, or establishment in which employed (or employer) Continental Can

(c) Name of employer Co. Balto. Md.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Lawrence Finnegan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McGinty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Katharine Finnegan (Address) 100 S. Clinton St.

15 Filed R 6 1925, 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 1925

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1925, to April 3rd, 1925, that I last saw her alive on April 3rd, 1925, and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb V. Athey, M. D.

April 5, 1925 (Address) 10 S Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL April 7 1925

20 UNDERTAKER Lilly & Zuber

ADDRESS 4038 Wolfe

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97113

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97113

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Thames ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine J. Valke.

(a) RESIDENCE NO. 1716 Thames ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Arthur E. Valke

6 DATE OF BIRTH (month, day, and year) Sept. 2nd 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER Hugo Reiman

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Elizabetta Dressel.

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Charles Trimble Daughter (Address) 1716 Thames St.

15 Filed , 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1925

17

I HEREBY CERTIFY, That I attended deceased from March 31st, 1925, to April 4th, 1925, that I last saw her alive on April 4th, 1925, and that death occurred, on the date stated above, at 3P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(duration) 2 yrs. or more mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb N. Athey, M. D.

4/5th, 1925 (Address) 1008 Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery.

DATE OF BURIAL April 7th 1925

20 UNDERTAKER Lilly + Zeiler

ADDRESS 400 S Wolfe

Vital Records Clerk

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

97114

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST., 26-7 WARD 51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Fisher (Fischer)

(a) RESIDENCE NO. 406 S. 13 St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 3- 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) md.

PARENTS

10 NAME OF FATHER Andrew Fischer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Agnes Regel.

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) md.

14 Informant Andrew Fischer (Father)
(Address) 406 S. 13th St.

15 [illegible] 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 5 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-17-25, 19..., to 4-5, 19 25,

that I last saw h/m alive on Apr. 5, 19 25

and that death occurred, on the date stated above, at 5:00 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Rheumatic Fever

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab.

(Signed) Samuel R. Siegel M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL April 8 1925

20 UNDERTAKER Lilly & Julius. ADDRESS 403 S. Wolfe St.

6-1925

Vital Records Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 97115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109-002

D 97115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital St., V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie F. Kreipe

(a) RESIDENCE NO. 1815 E. Pratt St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 22, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20		13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stenographer 009
(b) General nature of industry, business, or establishment in which employed (or employer) Gandy Belting Company.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Louis Kreipl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary E. Powers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Louis Kreipl
(Address) 1815 E. Pratt St

15 Filed 6-1925, 192 Robert P. Harrison, Registrar

First Ward Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Tonsillitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumococcic Meningitis

(duration) yrs. mos. 5 ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

April 5, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	April 8 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 Broadway

Spec.—1-16-21—M&T—1500 Bks.

D 97116

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97116

CERTIFICATE OF DEATH.

8-39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 N Milton ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Levy

(a) RESIDENCE NO. 1529 N Milton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 21 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Levy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Carrie Schuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Joe Levy

(Address) 1529 N. Milton ave.

15 Filed Apr 7, 1925. 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 31, 1925, to Apr 6, 1925, that I last saw him alive on Apr 6, 1925, and that death occurred, on the date stated above, at 5 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) V. L. Hagner M. D.

Apr 6 1925 (Address) 1301 N Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Levy Redeemer.	Apr 7 1925

20 UNDERTAKER Edw. Weidefeld Jr

ADDRESS 501 E 22 St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

(Gaines)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97117

CERTIFICATE OF DEATH.

90 D 97117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 Fremont ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt H. Gaines

(a) RESIDENCE NO. 647 Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Gaines

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer " " "

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robt Gaines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Viola Jones (Address) 203 Pendleton St.

15 Filed 6-1925, 19 Robert P. Harrison, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4th, 1925, that I last saw h[illegible] alive on April 3rd, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: Organic Heart dis. Uraemia

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Opinion

(Signed) Peter Otho, M. D.

19 (Address) 72 Pendleton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	April 7 1925
20 UNDERTAKER Mrs. Kate R. Williams	ADDRESS 322 N. Schroeder St.

TION is very important. See instructions on back of certificates.

[illegible] at it may be properly classified. Exact statement of OC[illegible] PA-

Spec– 12-23-21—E.B.R.S.—400 Bks.

D 97118

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97118

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 2-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph R. Davis

(a) Residence No. 901 Fell st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) Feb 19 1874

7-AGE.	If LESS than 1 day.
51 yrs. 1 mos. 17 ds.	...hrs. or...min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Can maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS

10-NAME OF FATHER, William H. Davis

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Rosie Betz

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed Apr 6 1925 Robert P. Harrison, Registrar.

Burial Permit Given

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 26 1923 to April 5 1925 that I last saw him alive on April 5 1925 and that death occurred, on the date stated above, at 12.30p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory, autopsy

(Signed) J. D. White M. D

4-6-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Dr. Matthews	April 7 1925
20-UNDERTAKER.	ADDRESS
Finkler & Finkler	1739 Eager

U.S.A. KODAK

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97119

CERTIFICATE OF DEATH.

D 97119

11-2 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 Park Avenue St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth J. Jenkins

(a) Residence No. 607 Park Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6-DATE OF BIRTH (month, day and year) Aug. 3, 1852

7-AGE.	If LESS than 1 day.
72 yrs. 8 mos. 1 ds.	hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Alfred Jenkins

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Hickley

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country) Maryland

11- (Informant) Sister Rose Jenkins

(Address)

15- Filed Robert P. Harrison, Registrar.

1925 Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/4/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 19 25 to Apr. 4 19 25

that I last saw h. alive on Apr 4 19 25

and that death occurred, on the date stated above, at 10 a m

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Hypostasis Aortic Insufficiency

(Duration) 10 yrs. mos. ds

CONTRIBUTORY (Secondary) acute delirium

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy Examination

(Signed) J. Ellwanger M. D

4/5 19 25 (Address) 704 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Charles Chapel	4/7 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Byers & Son	505 N Eutaw

Spec.—1-10-21—M&T—1500 Bks.

97120

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97120

CERTIFICATE OF DEATH.

X 100-007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emory Price

(a) RESIDENCE NO Venton Post Office, Md ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah F. Gotcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address) UNIVERSITY OF MARYLAND.

15 Robert P. Harrison, ... 19 ..... Registrar

6 - 1925 Burial Permit Clerk. 0.54

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1925

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to April 2, 1925, that I last saw him alive on April 2, 1925 and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

..... (duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. F. Miller. M. D.

4/3/ 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

UNIVERSITY OF MARYLAND.

DATE OF BURIAL

APR 6 - 1925

20 UNDERTAKER

Commissioner Health.

Address .....

Dr. Wm. F. WOODALL

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97121

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3769 Kossuth St. 20-1 WARD)

2-FULL NAME Charles Thomas Herber

(a) RESIDENCE NO. 3769 Kossuth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia E. Herber

6 DATE OF BIRTH (month, day, and year) Oct. 26, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Live Stock

(c) Name of employer W. A. Stephart.

9 BIRTHPLACE (city or town) (State or country) Balto City Md.

PARENTS

10 NAME OF FATHER John M. Herber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant Mrs. Virginia E. Herber

(Address) 3769 Kossuth St

15 Filed APR 8 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1925, to April 5, 1925, that I last saw h live on April 5, 1925, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Pulmonary Type

Tubercular Laryngitis

(duration) 1 yrs 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) D. P. Blazejewski, M. D.

, 19 (Address) 20 N. Federal St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Apl 8 1925
20 UNDERTAKER	ADDRESS
Wm Fleckner Sons	Gould St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 ✓

D 97122

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. W. Balto. Gen. Hospital St., 16-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur L. Herring

(a) Residence No. 1106 N. Fremont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary Riedel

6-DATE OF BIRTH (month, day and year) Aug 30/59

7-AGE. 65 yrs. 7 mos. 4 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer). in Lawyers office

(c) Name of employer. Zaben & Parks

9-BIRTHPLACE (city or town) (State or Country). Waterford Conn

PARENTS.

10-NAME OF FATHER. Thomas Herring

11-BIRTHPLACE OF FATHER (city or town) (State or Country). not known

12-MAIDEN NAME OF MOTHER. Winifred B. Dolger

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). R I

14- (Informant) Mrs. Rose Riedel

(Address) 503 S. Potomac

15- Filed Apr. 5 1925 Hubert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 4, 1925.

17- I HEREBY CERTIFY, That I attended deceased from Mar 28, 1925 to Apr 4, 1925

that I last saw h~~im~~ alive on April 3, 1925

and that death occurred, on the date stated above, at 7.10 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 7 ds

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) yrs. mos. 1 day

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) George H. Kinyon M. D

19 (Address) 1002 W. Lanvale St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cem	Apr. 7 1925
20-UNDERTAKER.	ADDRESS.
Wm J Tucker & Son	North Ave

Instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97123

CERTIFICATE OF DEATH.

4-101 D 97123

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 322 N Greene ST., ... WARD)

2-FULL NAME Mary Gennon

(a) RESIDENCE NO. 322 N Greene ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Yrs. 70 mos. 2 ds. 9 How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Gennon

6 DATE OF BIRTH (month, day, and year) Jan 26 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edward Ironmonger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Hodgkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa —

14 Informant Gertrude Burke

(Address) 322 N Greene St.

Filed ..... 19 ..... Robert P. ..... Registrar

R 6 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1925, to Apr. 4, 1925, that I last saw h.e alive on Apr. 4, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) none

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No. Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical Symp.

(Signed) R B Kennon, M. D.

4/4, 1925 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apr 7 1925
20 UNDERTAKER Wm Tucker Sons	ADDRESS Baltimore

TION is very important. See instructions on back of certificates.

D 97124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97124

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1803 Light St. St. 24-2 89 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Henry C. Elder.

(Residence in Baltimore: No. 1803 Light St. St.; yrs. 79 mos. 0 ds. 9)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. March 27, 1846. (Month) (Day) (Year)

7-AGE: 79 yrs. 0 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired B.& O.R.R.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Conductor.

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Hillery Elder.

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Ann Gorsuch.

13-BIRTHPLACE OF MOTHER, (State or Country). Balto.Co.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Catherine C.Elder.(wife)

(Address)..... 1803 Light St.

15- APR 6 1925 Robert P. Harrison,
Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 5, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest, an inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.
Obstruction of the Coronary arteries.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

April 5, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Apr 8 1925

20-UNDERTAKER Wm Tuckerbons ADDRESS North & Pr

If any of this information is lacking, state the reason.

Be sure and give the number of certificate.

See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97125

CERTIFICATE OF DEATH. X 58-8

D 97125

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Bonsecours Hospital ST., 16-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Kinney.

(a) RESIDENCE No. 603 Edgewood ave ST., WARD Phila, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hospital Records
(Address)

15 Filed ..., 19 Robert F. Harrison, Registrar
6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/25 —, 1925, to April 6, 1925, that I last saw him alive on 4/5, 1925, and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Pneumonia, Anaemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Gangrene Cardiac failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Louis J. Fay M. D.

, 19 (Address) 1014 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Geo. A. Fuller — DATE OF BURIAL April 6 1925

20 UNDERTAKER J. Wesley Gardiner — ADDRESS Fulton & Fayette Ave.

DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97126

CERTIFICATE OF DEATH.

X 101 [illegible] D 97126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Harrington

(a) RESIDENCE NO. Bay View Asylum ST. WARD Cecil Co. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pupil Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: J. G. Harrington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: V. L. Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Municipal Hospital Records

15 [illegible] 19 Registrar

Robert P. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3 1925 to April 6 1925, that I last saw her alive on April 6 1925 and that death occurred, on the date stated above, at 12:55 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller M. D.

4/6/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
West Nottingham Cecil Co. Md	April 6 1925
20 UNDERTAKER Virgil Auto	ADDRESS
John F. Denny	715 Light St.

4-6-1925

TION is very important. See instructions on back of certificates.

...cate may be properly classified. Exact statement of OCCUPA-

D 97127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 90 D 97127

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 611-1 St. near Washington Ave WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm L. Davies

(Residence in Baltimore: No. Irvington N. J St.: yrs., — mos.— ds.)—

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

7-AGE, 71 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Oil Co

9-BIRTHPLACE, (State or Country). Pa

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Undertaker Jno. C. Mitchell

(Address) 1201 Lafayette

15-

Filed Apr 6 1925, 191.....

Robert P. Harrison,
Registrar.

Capital Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 6, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis Heart

Contusion (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Accidental

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Daly M. D.
(Coroner.)

Apr 6, 1925 (Address) 1039 Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Apr 6/25 Phila Pa	Apr 9/25 1925
20-UNDERTAKER J. C. Mitchell	ADDRESS 201 W Fayette St

Spec.—1-16-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97128

CERTIFICATE OF DEATH.

D 97128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N Glover ST., 6-3 WARD) REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustave C Hagen

(a) RESIDENCE No. 412 N. Glover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year) Feb. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER F. Hagen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henrietta Weinel (Address) 3218 McElderry St

15 Filed ....., 19.... Robert F. Harrison, Registrar

6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1924, to April 4, 1925, that I last saw him alive on April 1-1925, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pernicious Substitute Replete Leukemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Walter Simon, M. D.

4/5/25 (Address) 3405 Gaither

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	4-7 1925

20 UNDERTAKER John C. Miller ADDRESS 3019 E Monument st

TION is very important. See instructions on back of certificates.

D 97129

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97129

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 21-3 Ward)

(Registered No. C.....)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. W. Reed

(Residence in Baltimore: No. 850 Reinhardt St St.; yrs., 1 mos. ds.)

Lives

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	White	sing

6-DATE OF BIRTH. June 22-24 1.....
(Month) (Day) (Year)

7-AGE. yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER, John S. Reed

11-BIRTHPLACE OF FATHER, (State or Country) Dover Del.

12-MAIDEN NAME OF MOTHER, Lillian Miller

13-BIRTHPLACE OF MOTHER, (State or Country) Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S. Reed

(Address) 850 Reinhardt St

15-

Filed 6-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 4-25 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or Inquiry.)
found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(Autopsy at Hopkins

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ricketts

(Duration) yrs. mos. ds.

(Signed) J. F. Voller M. D.
(Coroner)

4-6-25 192.... (Address) 503 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Mt Carmel Cemetery April 7 1925

20-UNDERTAKER. ADDRESS
J. Wm. Wilder 1803 Bank St

Spec—12-23-21—E.E R.S.—400 Bks.

D 97130

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2314 Boston St., 1-1 Ward) 56

Registered No.

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

2-FULL NAME Frank Pratasiewicz

(a) Residence No. 2314 Boston St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widow(er), or Divorced, (Write the word.) single

5a-If married, widow(er), or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 11 1925

7-AGE. ....yrs. ....mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Andrew Pratasiewicz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Josephine Budnicki

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14- (Informant) Mrs. Josephine Pratasiewicz

(Address) 2314 Boston Street

15- Filed 6 1925 Robert P. Harrison, 192 Registrar.

Assistant Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/6/25

17. I HEREBY CERTIFY, That I attended deceased from March 29, 19 25 to April 6, 19 25, that I last saw h.. alive on April 6, 19 25, and that death occurred, on the date stated above, at 955 A m.

The CAUSE OF DEATH* was as follows:

Rachitis

(Duration) yrs. ~~mos.~~ 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis J. Lamprecht M. D.

4/6, 19 25 (Address) 2431 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL. April 7, 1925

20-UNDERTAKER. John M. Weber

ADDRESS 1803 Bank St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97131

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97131

CERTIFICATE OF DEATH.

2-3 24

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 721 S. Broadway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Wojtczak

(a) Residence No. 606 S. Washington Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Wojtczak

6-DATE OF BIRTH (month, day and year) 1843

7-AGE. 82 yrs. mos. ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14- (Informant): Mr. Martin Labindziewski

(Address): 606 S. Washinton Street

15- Filed 4-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 3/25

17- I HEREBY CERTIFY, That I attended deceased from April, 1925 to April 3 19 25

that I last saw her alive on April 2 19 25

and that death occurred, on the date stated above, at 8 15 p m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 5 yrs. mos. ds

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Kopcow M. D.

(Address) 802 Kenyon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: April 7 1925

20-UNDERTAKER: John M Weber ADDRESS 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

D 97132

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 97132

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Main St Hillside (WARD) 1-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian A Chrystal

(a) RESIDENCE No. 101 Main St ST. Hillsdale

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Wh

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 8 1924

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER John Chrystal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Pearl Jeffers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) John Chrystal 101 Main St

15 Filed 1925 . 19 Robert F. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1st 1925, to April 6th 1925, that I last saw him alive on April 5th 1925, and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas F Earhart, M. D.

4/6, 1925 (Address) Woodlawn P.O. (Balto)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden

DATE OF BURIAL Apr 8 1925

20 UNDERTAKER Wm E Cook

ADDRESS 502 E Monument

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Livre)

D 97133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 97133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1333 Whatcoat ST. 15 WARD 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Livre

(a) RESIDENCE NO. 1333 Whatcoat ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 40 Months Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: David Livre

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rebecca Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Ed. Livre

(Address): 1333 Whatcoat St.

15 [illegible] 5 - 1925, 19

Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7th 1925, to April 4th 1925.

that I last saw h[illegible] alive on April 2d 1925

and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Grippe

Edema

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Heart disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — (over)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Edds, M. D.

(Address) 1 E. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery DATE OF BURIAL April 7 1925

20 UNDERTAKER: Emma E. Wright ADDRESS 2649 Cary

This is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 97134

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 120 S. Schroeder ST., 18-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary T. Whalen

(a) RESIDENCE NO. 120 S. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph P. Whalen

6 DATE OF BIRTH (month, day, and year) Mar. 6, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Hardy

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Galloway

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Informant James E. Whalen (Address) 2548 Polk Street

15 Filed Apr 16 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1925, to Apr. 6, 1925, that I last saw her alive on Apr. 6, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Angina-Pectoris,

(duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis,

(duration) X yrs. X mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam etc.

(Signed) Thos. Corkran, M. D.

4-6. 19 25 (Address) 888 W. Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cathedral Cem. DATE OF BURIAL Apr 8 19 25

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Gay St

D 97135

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97135

CERTIFICATE OF DEATH.

181-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 726 W Lexington St St., 4-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann E. Watkins

(Residence in Baltimore: No. 726 W Lexington St St.; yrs., [redacted] mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1 (Year)

7-AGE. 48 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: File Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, John L. Flanagan

11-BIRTHPLACE OF FATHER, (State or Country): Ireland

12-MAIDEN NAME OF MOTHER, Catherine Mc Glenan

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Flanagan

(Address) 28 74 W Lexington St

15-

Filed 6-1925, 192.

Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, ~~autopsy or inquiry.~~)

thereon and from the evidence obtained by said ..... (Inquest, ~~autopsy or inquiry.~~) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inhalation of illuminating gas

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Accident Forenoon

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. H. Jones-Cl M. D. (Coroner)

4-6 1925 (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park DATE OF BURIAL. Apr 5 1925

20-UNDERTAKER. ADDRESS 502 W Lexington St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97136

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Burk Dickerson

(a) Residence No. Jamestown - N.Y. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, Divorced, (write which)
M	W	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 7/29/76

7-AGE 48 yrs. 7 mos. 8 ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Pa -

PARENTS.

10-NAME OF FATHER, Clark Dickerson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Ella Childs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa -

14- (Informant) The Declared -

15- Filed 6 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/6/25

17- I HEREBY CERTIFY, That I attended deceased from 3/16, 1925 to 4/6, 1925 that I last saw h. in alive on 4/6, 1925 and that death occurred, on the date stated above, at 5.07 P.M.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/28/25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P B Price M. D

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Olean N.Y.	Apr 7, 1925

20-UNDERTAKER. Harry H. Bitz Co ADDRESS 1531 N. Lombard St

D 97137

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 926 W Lexington St St., 4-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J Flanigan

(Residence in Baltimore: No. 926 W Lexington St St.; 51 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, W

5-~~Single, Married, Widowed,~~ or Divorced, (~~Write No~~ word) M

6-DATE OF BIRTH, March 10 1873 (Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Retire~~ Worke Shoes
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country) Balto md

PARENTS

10-NAME OF FATHER, John Flanigan

11-BIRTHPLACE OF FATHER, (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, ~~Mc Geno~~ Catherine

13-BIRTHPLACE OF MOTHER, (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J Flanigan

(Address) 2879 W. Lexington

15-

Filed 4-6-1925 192.....

Robert F. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, autopsy or~~ Inquiry.) thereon and from the evidence obtained by said ..... (~~Inquest, autopsy or~~ Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphalation Thrombosis of Coronary Vessels

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fair Hypertension yrs. a few mos. ..... ds.

(Signed) [illegible] M. D. (Coroner)

4-6-1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Western Cem DATE OF BURIAL. Apr 7 1925

20-UNDERTAKER. Wm Cook ADDRESS 502 E Gordon St

D 97138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97138

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1520 Presstman St., 15-13 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Annie Allen

(Residence in Baltimore: No. 1520 Presstman St.; yrs., 4 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	widow

6-DATE OF BIRTH, April 24, 1880
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 11 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 970

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wesley Curley

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rachel Green

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Gorley

(Address)..... 1524 Presstman

15-

Filed APR 7 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. F. Hennessy M. D.
(Coroner)

April 5, 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Friendship Md.	April 7— 1925.
20-UNDERTAKER, Mrs. Sad. H. Dennis per. T. E. Nelson	ADDRESS 1303 Bentman St.

If very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97139

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97139

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N. Calhoun ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline L. Vordemberge

(a) RESIDENCE NO. 306 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Vordemberge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Niemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Vordemberge (Address) 306 N. Calhoun St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5 1925, to April 4 1925, that I last saw h e alive on April 4, 1925, and that death occurred, on the date stated above, at 7. 1. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of in Jan 1925

Was there an autopsy? No.

What test confirmed diagnosis? Usual.

(Signed) G. Lebrbe Ecoff M. D.

4/5, 1925 (Address) 2945 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	April 7 1925
20 UNDERTAKER	ADDRESS
Mrs. Mrs. John H. Leufe & Son	601 W. Fayette

TION is very important. See instructions on back of certificates.

APR 7 1925 WM. F. KRAUER

Initial Record Check

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97140

CERTIFICATE OF DEATH.

3 1 D 97140

1-PLACE OF DEATH

City of BALTIMORE: (No. 1012½ N. Gilmor St., 16-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Gray -

(a) Residence No. 1012½ N. Gilmor St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Gray -

6-DATE OF BIRTH (month, day and year) June, 11, 1898

7-AGE. 26 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tobacco pk

(b) General nature of Industry, business, or establishment in which employed (or employer) Stripper -

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Calvert Co. Maryland.

PARENTS.

10-NAME OF FATHER, Zacharich Gray.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Calvert Co Maryland.

12-MAIDEN NAME OF MOTHER, Lula Brown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Calvert Co. Maryland.

14-

(Informant) Lula Parker.

(Address) 1012½ N. Gilmor.

Filed APR 7 - 1925 WM. S. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr - 5 - 1925

17- I HEREBY CERTIFY, That I attended deceased from 3/8 1925 to 4/5 1925

that I last saw her alive on 4/5 1925

and that death occurred, on the date stated above, at 7 30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis -

(Duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? In Philadelphia

Did an operation precede death? No Date of

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) Dan Trautman M. D.

4/6 1925 (Address) 1122 N Eutaw

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Island Creek Calvert Co Md

DATE OF BURIAL. Apr. 8 1925

20-UNDERTAKER. John W. Toadvine

ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97141

CERTIFICATE OF DEATH.

D 97141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Furrow ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Malinofsky

(a) RESIDENCE NO. 311 S. Furrow ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	W.	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Mary Malinofsky

6 DATE OF BIRTH (month, day, and year) May 3 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ~~—~~ Malinofsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rudolph Malinofsky

(Address) 311 S. Furrow St

15 Filed APR 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1924, to April 4, 1925, that I last saw h~~e~~ alive on April 3, 1925, and that death occurred, on the date stated above, at 4.50 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Duodenum

(duration) 1½ yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Nevelaker M. D.

4/6/25 (Address) 24 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Apr 7 1925

20 UNDERTAKER Harry H Witzke — ADDRESS 153 W. Lombard

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-1 94-001 930 pm D 97142

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Erdman Ave., 8th WARD)

2-FULL NAME James Glass

(a) RESIDENCE NO. 2722 Erdman Ave. 8th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? 38 yrs. 9 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ late Mary Cairns Glass

6 DATE OF BIRTH (month, day, and year) January 28 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	62	11	3	5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which ~~employed (or~~ employer) Florist 065

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) County Antrim Ireland

PARENTS

10 NAME OF FATHER Adam Glass

11 BIRTHPLACE OF FATHER (city or town) (State or country) County Antrim Ire-

12 MAIDEN NAME OF MOTHER Margaret McCullough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) County Antrim Ire

14 Informant Mary Glass Black

(Address) 589 Riverside Ave Roxbury Phila Pa

15 Filed APR 7 - 1925 19 ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 5 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 5, 1925.

that I last saw him alive on April 5, 1925

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H. Gershang M. D.

Apr 7 19 (Address) 3100 Hanford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	April 7 1925

20 UNDERTAKER ADDRESS

John B. Spence 1325 N. Caroline St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97143

CERTIFICATE OF DEATH.

4-3 131 D 97143

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Chambers.

(a) RESIDENCE NO. 311 Bargrave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 8 2

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Municipal Hospital Records (Address)

15 APR 7 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1925, to April 5, 1925, that I last saw h e alive on April 5, 1925, and that death occurred, on the date stated above, at 9 a m m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis (acute)

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Cystitis (acute)

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) W. E. Miller M. D.

4/6/, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbury cemetery

DATE OF BURIAL April 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans st

IMPORTANT. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97144

CERTIFICATE OF DEATH. 1925 188-001 D 97144

1-PLACE OF DEATH Maryland Ave & B.& O.R.R.tracks, Westport. Registered No. C

City of BALTIMORE: (No. 25-4 St., Ward.)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl R.C.Gilley.

(Residence in Baltimore: No. 114 Patapsco St. Westport. St.; 6 yrs., 3 mos., 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed, or Divorced. (Write the word.): Single.

6-DATE OF BIRTH: December 25, 1918. (Month) (Day) (Year)

7-AGE: 6 yrs. 3 mos. 10 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS:

10-NAME OF FATHER, George A.Gilley.

11-BIRTHPLACE OF FATHER, (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Sadie M.Hyle.

13-BIRTHPLACE OF MOTHER, (State or Country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George A.Gillyy.(father)

(Address) 114 Patapsco St.Westport.

FILED APR 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th. 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally run over and mangled by train of the B.& O.R.R.Co.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

April 7, 1925 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery DATE OF BERIAL: April 7 1925

20-UNDERTAKER: General Lyfer ADDRESS 160 W North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97145

CERTIFICATE OF DEATH.

D 97145

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 6-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Harsh

(a) RESIDENCE NO. 140 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1437 E. Baltimore

APR 7 - 1925

ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-16 1925 to 4-7 1925

that I last saw h[illegible] alive on 4-7 1925

and that death occurred, on the date stated above, at 1[illegible] P M

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isidor S. Levy M. D.

April 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Ham Rus

DATE OF BURIAL 4/7 1925

20 UNDERTAKER Jack Lewis 1439 E Baltimore

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Sheinia I Richmond

97146

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

D 97146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs ~~Sheinia~~ Ida Richmond

(a) RESIDENCE NO. 2309 Madison Ave ST., ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Richmond

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Velva Bear

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Frank Richmond

(Address) 1838 Eastern Ave

15 Filed APR 7 - 1925 19 ... Registrar

Special Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6 1925

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1925, to April 6, 1925;

that I last saw her alive on April 6, 1925

and that death occurred, on the date stated above, at 1:25 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Intermittens

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of Mar 20

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Philip Jacobson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reburn Rosedale

DATE OF BURIAL 4/7 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balt

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97147

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 97147

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2325 W. Lanvale ST., 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Cox

(a) RESIDENCE No. 2325 W. Lanvale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Cox

6 DATE OF BIRTH (month, day, and year) Jan 10. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md.

PARENTS

10 NAME OF FATHER Jesse Hatem

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Maude E. Faulenbach

(Address) 2325 W. Lanvale St

15 Filed APR 7 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 6. 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1925, to April 6, 1925, that I last saw her alive on Apr 6, 1925, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia.

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Nathan F. Freeman, M. D.

, 19 (Address) 6 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Apr 8 1925

20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 N. Fayette

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97148

CERTIFICATE OF DEATH.

D 97148

1-PLACE OF DEATH New Pittsburgh Cem Dgate 26-9 Registered No. 56

City of BALTIMORE: (No. Old Trap Road St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph F Wagner

(a) Residence No. Old Trap Road St., 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6-DATE OF BIRTH (month, day and year) 4-6-24

7-AGE. 1 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Joseph Wagner

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Anna Zamerska

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant) Joseph Wagner

(Address) Old Trap Road

15- Filed APR 7 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April - 6 - 1925

17- I HEREBY CERTIFY, That I attended deceased from ~~April~~ March 26, 1925 to April 6, 1925

that I last saw him alive on April 6, 1925

and that death occurred, on the date stated above, at 9-30 p m

The CAUSE OF DEATH* was as follows:

Rachitis

(Duration) yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

4/7, 1925 (Signed) Frank Jaworski M. D.

(Address) 1458 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary Cem

DATE OF BURIAL. April - 8 1925

20-UNDERTAKER. Stephen J Falkowski

ADDRESS 109 S Fremont Ave

Spec.—1-10-21—M&T—1506 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97149

CERTIFICATE OF DEATH.

101-001 D 97149

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mullen

(a) RESIDENCE No. 1508 Braddish ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~1860~~ July 3 - 1.6

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
68 yr		9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Henry Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Municipal Hospital Records (Address)

15 Filed APR 7 - 1925 SUSIE R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to April 5, 1925, that I last saw her alive on April 4, 1925, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W L Miller M. D.

4/6, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	4/7 1925
20 UNDERTAKER	ADDRESS
H. Lobaker & Sons	Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97150

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97150

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 144 N. Ellwood ave ST., 6 WARD

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alva Julius Haupt

(a) RESIDENCE NO. 144 N. Ellwood av ST., 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carrie Haupt

6 DATE OF BIRTH (month, day, and year) Dec 14 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Jno Hopkins University

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Julius Haupt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Selma Thumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Selma Haupt

(Address) 144 N. Ellwood ave

15 Filed APR 7 1925, 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/4 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/1 1925 to 4/4 1925

that I last saw him alive on 4/4 1925,

and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertrophic Nephritis

Mitral Regurgitation

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arthritis & Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) H A Bullock M. D.

(Address) 1668 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL: Apl. 7 1925

20 UNDERTAKER John A. Mraz — ADDRESS [redacted] Ballard

THIS is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97151

D 97151

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 So Bethel ST.: 3-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brown

(a) RESIDENCE. No. 206 So Bethel ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Brown

6 DATE OF BIRTH (month, day, and year) Unknown 823

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Day Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va, U.S.

PARENTS

10 NAME OF FATHER Do not

11 BIRTHPLACE OF FATHER (city or town) (State or country) Know

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Wife Annie Brown
(Address) 206 S. Bethel St.

15 Filed . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/3 . 1925, to 4/6 . 1925.

that I last saw h/M alive on 4/6 . 1925

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Enlarged Heart

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart & Reberculosis Sputum

(Signed) J. Carroll M. D

. 19 (Address) 1740 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	April 8 1925
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	1225 Ashland

MAR 7 1925

Spec.—1-10-21—M&T—1500 Bks.

D 97152

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901 D 97152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST., 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Rosell

(a) RESIDENCE No. 722 N. Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Unknown 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 066

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer Dont Know

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James Rosell,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Bay View Hospital, Baltimore, Md.

15 Filed ..... 19 ..... Registrar

APR 7 - 1925 ROBT. P. KRAUTER, CLERK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from January 26, 1925 to April 6, 1925 that I last saw him alive on April 5, 1925 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Arteriosclerosis,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) N. Bozman M. D.

, 19 (Address) Bryan Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	April 9 1925
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	425 Highland Av

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 101-001

D 97153

D 97153

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 1 WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Wynns

(a) RESIDENCE NO. Patapsco, Hotel Spanwis Pt Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colo	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) [illegible] 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Shoveling Ore

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) Victoria

(State or country) Va

PARENTS

10 NAME OF FATHER Booker Wynns

11 BIRTHPLACE OF FATHER (city or town) Victoria Va

(State or country)

12 MAIDEN NAME OF MOTHER Jamie Farmer

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Rev. Crawley

(Address) 1516 Ashland Ave.

15 Filed APR 7 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5/25 19

17

I HEREBY CERTIFY, That I attended deceased from April 1st, 1925, to April 4th, 1925, that I last saw h[illegible] alive on April 5th, 1925, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Spanwis Pt Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. V. Thomas, M. D.

, 19 (Address) 1012 1st Spanwis Pt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Victoria Va	April 8 1925
20 UNDERTAKER Wm R. G. Elliott	ADDRESS 725 Ashland

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97154

CERTIFICATE OF DEATH.

11-002

D 97154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 735 E. 20th St (ST.) 9-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Robert Lathroum

(a) RESIDENCE NO. 735 E. 20th St (ST.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	--	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Leo B. Lathroum

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary C. Klitch

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hugh B. Klitch
(Address) 200 E. Lafayette Ave.

15 APR 7 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3th, 1925 to April 6th, 1925.

that I last saw him alive on April 6th, 1925

and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Interstitial Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) W. E. Kelly M. D.

1925 (Address) 200 E Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	4/7 1925
20 UNDERTAKER Henry U. Mears & Son	ADDRESS 805 N. Calvert

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97155 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 623 Forney Alley St., ... Ward) Registered No. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Bentley

(a) Residence No. 623 Forney Alley St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Bentley

6-DATE OF BIRTH (month, day and year) Unknown 1850

7-AGE. 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Rogers

(c) Name of employer Louis Rome

9-BIRTHPLACE (city or town) Queen Anne Co. Md.
(State or Country)

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country)

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country)

11- (Informant) Mary E. Bentley

(Address) 623 Forney Alley

Filed APR 7 - 1925, 19.. RUSSELL R. ARMIGER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/5/25

17- I HEREBY CERTIFY, That I attended deceased from 2/1/, 1925 to 4/5/, 1925 that I last saw h. in alive on 4/4/ 1925 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Exudative Nephritis

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) C. M. Lawrence M. D.

4/7/, 1925 (Address) 1232 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
W. Laurel	4-8, 1925
20-UNDERTAKER	ADDRESS
Wm. H. Case Co.	1400 Mosher

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 97156

1-PLACE OF DEATH

City of BALTIMORE: (No. 615 Archer St. St., 21-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Porter

(a) Residence No. 615 Archer St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	col	Married

5a-If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Pauline Porter

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 28 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Porter 040

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), N. C.

PARENTS.

10-NAME OF FATHER John Porter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-Informant Andrew Porter

(Address) 615 Druid Hill Ave

15-Filed PR 7 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4-6-25

17- I HEREBY CERTIFY, That I attended deceased from 4-4, 1925, to 4-6, 1925, that I last saw him alive on 4-4, 1925, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Primary

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Cauthen M. D.

4/6, 1925 (Address) 1 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Woodlawn Cem	4-9, 1925
20-UNDERTAKER.	ADDRESS.
Helen A. Hollans	1631 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97157 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97157

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 601 N. Luzerne ave. st., Ward 7-26 Registered No. D 97157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. Smith

(a) Residence No. 601 N. Luzerne ave. st., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Smith

6-DATE OF BIRTH (month, day and year) April 4 1870

7-AGE. 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ice dealer 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Adam Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Kate Crone

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14-

(Informant) Mary A. Smith

(Address) 601 N. Luzerne st

15- APR 7 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 6 1925

17- I HEREBY CERTIFY, That I attended deceased from Mch 1 1925 to March 6 1925

(that I last saw him alive on April 1925, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Fibrosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward B. Freeman M. D.

7, 1925 (Address) 718 N. Eutaw.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Ca. DATE OF BURIAL, Mch 8 1925

20-UNDERTAKER. Gus C. Miller & Son ADDRESS 2534 Jeffrey

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97158

CERTIFICATE OF DEATH.

101 D 97158

1-PLACE OF DEATH

City of BALTIMORE: (No. 1605 - W Fremont St., 19 - 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Genevieve Fremont

(a) Residence No. 1605 - W Fremont St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred? Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 1, 1920

7-AGE, 4 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Daughter

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ramon Jimenez

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Newtown S C

12-MAIDEN NAME OF MOTHER, Charlotte Word

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Newtown

14- (Informant) Ramon Jimenez

(Address) 1605 - W Fremont St

15- Filed APR 7 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 4 1925

17- I HEREBY CERTIFY, That I attended deceased from March 31, 1925, to April 4, 1925, that I last saw h. alive on April 4, 1925, and that death occurred, on the date stated above, at 2:00 P.M. The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Not to my knowledge

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Arthur Dorsey, M. D.

, 19 (Address) 1605 - W Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, April 9, 1925

20-UNDERTAKER, Samuel Housley — ADDRESS, 1118 Mt St

Spec.—1-10-21—M&T—1500 Bks.

D 97159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 D 97159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 3 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Spangler.

(a) RESIDENCE NO. 6235 Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female — 4 COLOR OR RACE: white — 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Chaplin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Manley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed APR 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 8, 1925. to April 4, 1925.

that I last saw her alive on April 3, 1925

and that death occurred, on the date stated above, at 1:30 a m

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

4/5, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: 4/9 1925

20 UNDERTAKER: George J Ruth — ADDRESS: 1935 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97160

CERTIFICATE OF DEATH.

+90 D 97160

24 - 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Henry. ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie A Hoffman

(a) RESIDENCE NO. ~~1504 Henry~~ Glenelg Howard Co Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Hoffman

6 DATE OF BIRTH (month, day, and year) Oct 19 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Louis Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Hannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm. H. Hoffman. (Address) Glenelg Howard Co Md

15 Filed APR 7 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 18 1925, to April 5 1925, that I last saw h[illegible] alive on April 5th 1925, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

April 7, 1925 (Address) 835 East St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Pk Cem	4 8 1925
20 UNDERTAKER	ADDRESS
Ed B Harle	115 E North

How to fill out certificates. Read carefully. Every item is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 D 97161

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1248 Battery Ave ST., 24-1 WARD)

2-FULL NAME Joseph H. Kessler

(a) RESIDENCE No. 1248 Battery Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Aug 20 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer): Sty'n Hats 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Kessler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio.

12 MAIDEN NAME OF MOTHER: Mary A Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mary A Wheeler. (Address) 1248 Battery Ave.

15 Filed APR 7 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 1925 to April 6 1925.

that I last saw him alive on April 6 1925,

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Rheumatism

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C M Kidd Jr, M. D.

(Address) 1229 N Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	4-7 1925

20 UNDERTAKER: E B Tarr & Son ADDRESS 115 E Lanvale St

PRINT is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97162

D 97162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1-3 REGISTERED NO. 120

CITY OF BALTIMORE: (No.) Hudson E Boston ST., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Bauernschmidt

(a) RESIDENCE NO 926 S Bunney ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Bauernschmidt.

6 DATE OF BIRTH (month, day, and year) June 25-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 62
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore md.
(State or country)

PARENTS

10 NAME OF FATHER Martin Bauernschmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Barbara Weidner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

Informant Annie Bauernschmidt
(Address) 926 S. Bunny St

Filed 7-1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Gun Shot wound -
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Shock.
(duration) yrs. mos. ds.

(Signed) G. E. Blades, M. D.
(Coroner)

April 5 1925 (Address) 143 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	April 8 1925
20 UNDERTAKER Lilly and Zeiler 403 S.	ADDRESS Wolfe St,

Cor.—1-12-23—M&T—100 Bks.

D 97163 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97163

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 613 S-14th ST., 26-7 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dolores Buggerman

(a) RESIDENCE NO 613 S-14th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27-1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER George Biggerman

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Fortschbeck

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant George Biggerman
(Address) 613 S. 14th St

15 Filed 4-7-1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap. Bronchitis

(duration) 1 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) 0 yrs. mos. 1 ds.

(Signed) G C Wade, M. D.
(Coroner)

Apr 6th, 1925 (Address) 1435 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL April 7 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

D 97164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Foster Ave. ST. 76 WARD 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Weinbeck.

(a) RESIDENCE NO. 3505 Foster Ave. ST., 76 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., If of foreign birth? 61 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Weinbeck.

6 DATE OF BIRTH (month, day, and year) Aug 1 - 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Valentine Fink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant George M. Weinbeck (Address) 3505 Foster Ave.

15 4 - 7 - 1925 .19 Robert P. Harrison, Registrar

Deputy Health Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 27 .19 23 . to April 6 .19 25, that I last saw her alive on April 5 .19 25, and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

Metastasis Bullock

(duration) 2 yrs. or more mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Caleb V. Athey M. D.

4/7. 1925 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	April 8 1925
20 UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Broadway St.

IF IN A VERY HURRY, See instructions on back of certificates.

Wolfe 4101

Spec.– 6-9-19—H. P. Co.– 1000 Bks.

D 97165 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97165

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Spring ST. 3 WARD 7) REGISTERED NO.

2-FULL NAME Wm. Wagner

(a) RESIDENCE. No. 105 S. Spring ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 23, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Phillip Wagner

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Louise Breuing

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant
(Address) Robert P. Harrison

15 Filed APR 7 - 1925, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to April 7, 1925, that I last saw him alive on April 7, 1925, and that death occurred, on the date stated above, at 1130 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) 2 yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. H. Zeugler, M. D.

4/7, 1925 (Address) 1002 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: APR 7 - 1925, 19

20 UNDERTAKER: Commissioner Health. PER WM. S. WOODALL

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

D 97166

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

100 800 ✓

D 97166

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 857 Harlem Ave ST. 17-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lavinia Spence

(a) RESIDENCE No. 857 Harlem Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE — Years: 57 — Months: — Days: — If LESS than 1 day, ...hrs. or.....min.

8 OCCUPATION OF DECEASED Cook

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer Edward Bryant

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Smith?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Cathern Billups

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Wm Smith (Address) 857 Harlem Ave

15 Filed ..... 19 ..... Registrar

1925 Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925.

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1925, to April 6, 1925, that I last saw h[illegible] alive on April 5, 1925, and that death occurred, on the date stated above, at 3 .4. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Gilbert Simonds, M. D.

(Address) 1615 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 8 1925

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1325 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

(Glanville)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97167

CERTIFICATE OF DEATH.

100 001 D 97167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 351 Delaware Ave. Raspeburg St., WARD) 10

REGISTERED NO. L

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Kate Glanville

(a) RESIDENCE NO. 351 Delaware Ave. Raspeburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~. (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Glanville

6 DATE OF BIRTH (month, day, and year) May 25th 1858

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
66	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Parks

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) England

12 MAIDEN NAME OF MOTHER Mary Price

13 BIRTHPLACE OF MOTHER (city or town) England (State or country) England

14 Informant Mrs Wm Carroll

(Address) 351 Delaware Ave. Raspeburg

15 Filed 7-1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 4th, 1925, to April 7, 1925.

that I last saw h alive on April 6, 1925.

and that death occurred, on the date stated above, at 5 A7, m.

The CAUSE OF DEATH* was as follows:

Bronchs — Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A Hof, M. D.

4/7, 1925 (Address) Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	April 9 1925
20 UNDERTAKER	ADDRESS
Frederick Lassahn Sons	Fullerton

(Instructions on back of certificates.)

Spec.—1-10-21—M&T—1500 Bks.

18067
D 97168

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97168

CERTIFICATE OF DEATH

x49

1-PLACE OF DEATH John Hopkins Hospital

REGISTERED NO. 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

2-FULL NAME Drilby Chambers

(a) RESIDENCE NO. Brooksville, Fla. St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 - 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	3		

8 OCCUPATION OF DEECASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Tenn

PARENTS

10 NAME OF FATHER D. M. Chambers

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ky

12 MAIDEN NAME OF MOTHER Mary Watson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ky

14 Informant Records
(Address) John Hopkins Hospital

15 Filed 7-1925, 19 Robert P. Harrison
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1925, to April 7, 1925, that I last saw her alive on April 7, 1925, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Cerebellar. Glioma

(duration) ..... yrs. 3 mos. + part ds.

CONTRIBUTORY (Secondary) ~

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Florida

Did an operation precede death? yes Date of 4-6-25

Was there an autopsy? no

What test confirmed diagnosis? Operation.

(Signed) Julian D. Hart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tampa Fla

DATE OF BURIAL 4/8 25 19

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Bway

Items very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 97169

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 D 97169

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry M Connolly

(a) RESIDENCE No. 1311 Madison Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	-	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer 009

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER do not Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Agnes Connolly

(Address) 1311 Madison Ave

15 Filed 7 - 1925, 19 ROBERT F. MATTHEWS, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17

I HEREBY CERTIFY, That I attended deceased from March 11th, 1925, to April 5th, 1925, that I last saw him alive on April 5th, 1925, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Larynx

General Cachexia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L Clausen M.D.

, 19 (Address) 1829 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	April 7 1925
20 UNDERTAKER Martin Tucker & Co	ADDRESS 5477 W. North Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 97170

1-PLACE OF DEATH

City of BALTIMORE: (No. 1602 N. Spring St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Schweinberg.

(a) Residence No. 1602 N. Spring St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Schweinberg

6-DATE OF BIRTH (month, day and year) Jun 3/54

7-AGE. 70 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Wilbes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Louise Stroh.

(Address) 1602 N. Spring St

15-

Filed APR 7 - 1925 192

Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr 5/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 19 24 to Apr 5 19 25

that I last saw h. alive on Apr 5 19 25

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) yrs. 5 mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Apr 5 (Signed) John W. Anderson M. D.

, 19 25 (Address) 1714 N Gay-Eine.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL. 4/9 19 25

20-UNDERTAKER. George J. Ruth

ADDRESS 1735 Hanford Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

D 97171 HEALTH DEPARTMENT—CITY OF BALTIMORE 14-801 D 97171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE; (No. 1107 E. Baltimore St., 3-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentine Schwing

(a) Residence No. 1107 E Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? [illegible] yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Fannie Schwing

6-DATE OF BIRTH (month, day and year): 8/11/1851

7-AGE: 73 yrs. 7 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O'H O
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS:
10-NAME OF FATHER: John Schwing
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md.
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

11-Informant: Daniel Schwing
(Address): 1107 E Balto St

15-Filed 7- 1925 192 Robert P. Harris, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 4-5-25.

17- I HEREBY CERTIFY, That I attended deceased from 4-4-, 1925 to 4-5-, 1925 that I last saw him alive on 4-5-, 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
General Arteriosclerosis with Hypertention —
(Duration) ? yrs. mos. ds.
CONTRIBUTORY (Secondary) Cerebral Hemiplegia.
(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) S. Demarco M. D.
4-6-1925 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Luth. Cem. DATE OF BURIAL: 4/8 1925

20-UNDERTAKER: George J. Ruth ADDRESS: 1735 Harford Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97172

CERTIFICATE OF DEATH.

D 97172

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Hollins Street ST., 70-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida May McCabe

(a) RESIDENCE NO. 2001 Hollins Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 869

(c) Name of employer The Hub

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William H. McCabe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Ravenia Sitzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14

Informant C.F. Wortman

(Address) 2001 Hollins St.

Filed 7-1925, 19

Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to April 5, 1925, that I last saw her alive on April 5th, 1925, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 2 days

CONTRIBUTORY (Secondary) - Bronchial Asthma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Birnette, M. D.

4/6, 1925 (Address) 1279 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery.

DATE OF BURIAL: Apr. 8 1925

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W. Balto. St.

Spec.—1-10-21—M&T—1500 Bks.

D 97173

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97173

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen'l Hosp ST., 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Myrtle Davidson

(a) RESIDENCE No. 2019 Oakley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Davidson

6 DATE OF BIRTH (month, day, and year) Dec 5 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles Causey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elehnora Rifel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Arthur Davidson. (Address) 2019 Oakley

15 [illegible] Robert V. Harrison, Registrar

7 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1925, to Apr 6, 1925, that I last saw her alive on Apr 6, 1925 and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Retrodisplacement & Uterus

Chronic appendicitis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home + Hospital

Did an operation precede death? Yes Date of Mar 31/25

Was there an autopsy? No -

What test confirmed diagnosis? Signs + Symptoms

(Signed) J. F. Kellerman, M. D.

, 19 (Address) 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Apr. 9" 1925
20 UNDERTAKER	ADDRESS
Joseph B Cook	1003 N Balto St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97174

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-B 97174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1500 Sarah Ann St.: 19-1 (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Verney Henson

(a) RESIDENCE. No. 1500 Sarah Ann St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2/ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 17-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2/	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Viola Waddy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Charles Henson
(Address) 1500 Sarahan st

15 Filed [illegible] - 1925 . 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from April 6 . 1925 . to April 6 . 1925 .
that I last saw her alive on April 6 . 1925 .
and that death occurred, on the date stated above, at 1 P m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W A Harris . M. D.

. 19 (Address) 1200 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	April 8th 19

20 UNDERTAKER C. Jones ADDRESS 111 S. Gilmor St

Cor.—1-12-23—M&T—100 Bks.

D 97175

HEALTH DEPARTMENT—CITY OF BALTIMORE

100D 001 97175

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 206 N. Schroeder St (Ward) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clem Henson

(a) RESIDENCE NO. 206 N. Schroeder St (Ward) 1

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Cold	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	55	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Charles Henson

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Kelson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Lloyd Henson
(Address) 1573 W. Fairmount

15 Filed 7-1925, 192 Robert F. Harrison Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 5th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. B. Horton, M. D.
(Coroner)

April 6 192 5 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dan'l S. Nolan's Lot	April 8 d 192
20 UNDERTAKER	ADDRESS
A. Jones	111 S. Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97176

CERTIFICATE OF DEATH.

(D) 97176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5a BALTO GEN'L HOSP ST. 22-1 WARD)

REGISTERED NO. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME THOMAS CONROY

(a) RESIDENCE NO. 627 W. BARRE ST., WARD ..

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	WHITE	WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) APRIL 16, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work LABORER

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) MARYLAND

PARENTS

10 NAME OF FATHER PATRICK CONROY

11 BIRTHPLACE OF FATHER (city or town) (State or country) IRELAND

12 MAIDEN NAME OF MOTHER ROSANNA CUNNINGHAM

13 BIRTHPLACE OF MOTHER (city or town) (State or country) IRELAND

14 Informant MRS ROSANNA SCULLY (DAUGHTER) (Address) 627 W. BARRE ST

15 Filed APR 7 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 6 1925

17 I HEREBY CERTIFY, That I attended deceased from FEB 13 1925 to APR 6 1925 that I last saw him alive on APR 6 1925 and that death occurred, on the date stated above, at 10.50 P. m.

The CAUSE OF DEATH* was as follows:

CHR. PROSTATIC HYPERTROPHY

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ACUTE CARDIAC DILITATION

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? YES Date of MAR 22/25

Was there an autopsy? NO

What test confirmed diagnosis? SIGNS + SYMPTOMS

(Signed) J. F. Peterman, M. D.

, 19 (Address) 213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: April 10 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E. Lord

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Ferry 910 W Lombard st

D 97177

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97177

CERTIFICATE OF DEATH.

21-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Ridgely ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J Sheahan

(a) RESIDENCE NO. 1232 Ridgely ST., WARD ....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine A Sheahan

6 DATE OF BIRTH (month, day, and year) Mar 10, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr Gahn

9 BIRTHPLACE (city or town) Richmond, Va
(State or country)

PARENTS

10 NAME OF FATHER John Sheahan

11 BIRTHPLACE OF FATHER (city or town) Richmond Va
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Welsh

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Catherine A Sheahan
(Address) 1232 Ridgely St

15 F[illegible] 7-1925 Robert P. Harrison,
Registrar

[illegible] Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4th, 19[illegible], to April 6th, 19 25, that I last saw h[illegible] alive on April 6th, 19[illegible], and that death occurred, on the date stated above, at 1 V" P. m.

The CAUSE OF DEATH* was as follows:

Cor Pul Th

(duration) [illegible] yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? By Chas T Hoof, M.D.

What test confirmed diagnosis? By Chas T Hoof, M.D.

(Signed) Bernard Fenny, M. D.

4/7/ 19 25 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 9 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Pratt

FRONT Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97178

CERTIFICATE OF DEATH.

31 D 97178

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay view wospital ST., 1-3 WARD)

2-FULL NAME Charles Jones

(a) RESIDENCE No. 937 Linwood ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Jones

6 DATE OF BIRTH (month, day, and year): May 31-1861

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

040

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles W. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Rider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Hospital Records (Address) Bay View

15 4-7-1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1925, to April 6, 1925, that I last saw him alive on April 6, 1925, and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic benign prostatic hypertrophy (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Fr. P Champe Jr, M. D.

4-7-1925 (Address) Bay View Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: Apr 8, 1925

20 UNDERTAKER: Wm Cook — ADDRESS: Eton Md

TION is very important. See instructions on back of certificates.

D 97179

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97179

CERTIFICATE OF DEATH.

9-7 117

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Holland Carter

(Residence in Baltimore: No. 1308 N. Central Ave St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Sing

6-DATE OF BIRTH. June 29-1921
(Month) (Day) (Year)

7-AGE. 3 yrs. 9 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER. Holland Carter

11-BIRTHPLACE OF FATHER, (State or Country). Connecticutt

12-MAIDEN NAME OF MOTHER. Ethel Cook

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Holland Carter
(Address) 80 E. Hamilton Ave

15-
Filed 7 - 1925 192
Robert P. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6-25 192
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction
(Autopsy at Hospital)
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Operation for Appendicitis 6 mons ago
(Duration) yrs. mos. ds.
(Signed) J. S. H. Yates M. D.
(Coroner.)
4-7-25 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Olivet Cemetry	Apr. 10-25

20-UNDERTAKER.	ADDRESS
William Cook	502 E. north

Spec- (2-23-2)- E.B.R.S.—400 Bks.

D 97180

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97180

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. Mercy Hospital St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Logan Jr.

(a) Residence No. 1842 Wilkens Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6-DATE OF BIRTH (month, day and year) June 6, 1899

7-AGE 25 yrs. 10 mos. 0 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer). None

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Lawrence J. Logan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER, Annie Vernan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland

14- (Informant) Mrs. Lawrence J. Logan

(Address) 1842 Wilkens Avenue.

15- Filed 7-1925 192.. Robert P. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/6/25

17- I HEREBY CERTIFY, That I attended deceased from 3/18/25, 19.. to 4/6/25, 19.. that I last saw h. alive on 4/6/25 19.. and that death occurred, on the date stated above, at 1.47 a. m.

The CAUSE OF DEATH* was as follows:

Multiple lung abscess

Pulmonary edema 1 day

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Streptococcus infection

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Kelly M. D.

19 (Address) Mercy Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. 4/8 19.. 25

20-UNDERTAKER. Henry U. Mears & Son

ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97181

CERTIFICATE OF DEATH.

+64 D 97181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bushara Joseph Mondalek

(a) RESIDENCE NO. 519 Philippi St Clarksburg ST. W Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Syria
(State or country)

PARENTS

10 NAME OF FATHER Joseph Mondalek

11 BIRTHPLACE OF FATHER (city or town) Syria
(State or country)

12 MAIDEN NAME OF MOTHER Kelley

13 BIRTHPLACE OF MOTHER (city or town) Syria
(State or country)

14 Informant Mr. M. J. Mondalek
(Address) 147 Grant St. Grantown Pa

15 APR 8 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 7th, 1925, to April 7th, 1925, that I last saw him alive on April 7th, 1925 and that death occurred, on the date stated above, at 11.05 Am

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pleurisy Gallbladder

(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/29/25

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Newman Henderson M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Union Town Pa — DATE OF BURIAL April 8 1925

20 UNDERTAKER Martin Lakeston — ADDRESS 182 W North

FROM IS very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1925 D 97182

CERTIFICATE OF DEATH

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles B. Witmer

(a) RESIDENCE NO. 1149 E. Market St ST., ... WARD .....

(Usual place of abode) Sunbury

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced IfUSBAND of (or) ~~WIFE~~ of Mollie Witmer

6 DATE OF BIRTH (month, day, and year) apr 18 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	M	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): 042

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER Oscar Witmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER Susanna Babb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Records (Address) Johns Hopkins Hospital

15 Filed APR 8 - 1925 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1925, to April 7, 1925, that I last saw him alive on April 7, 1925, and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Benign Prostatis

Hypostrophy (duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 4th

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Winfield W. Scott M. D.

, 19 (Address) Johns Hopkins Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sunbury, Pa.

DATE OF BURIAL: Apr. 8, 1925

20 UNDERTAKER: John O. Mitchell

ADDRESS: 1201 N. Fayette St.

FROM is very important. See instructions on back of certificates.

Spec- 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97183

CERTIFICATE OF DEATH.

D 97183

1-PLACE OF DEATH Church Home and Inf. Registered No.....

City of BALTIMORE: (No. Broadway & Fairmount St., Ward) 12-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rosalee Hodges

(a) Residence No. 1138 Lorraine Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Augustine J. Hodges

6-DATE OF BIRTH (month, day and year) Feb 3. 1871

7-AGE, 54 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS:

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) J. Hamilton Hodges

(Address) 1138 Lorraine Ave

15- APR 8 - 1925 1925 ROBERT R. KRAUTER, Registrar.

Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 6-1925

17- I HEREBY CERTIFY, That I attended deceased from February 24 1925 to April 6 1925

that I last saw h.e alive on April 6 1925

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Thrombosis, pulmonary following operation for cholecystitis & cholelithiasis.

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home (Cholecystotomy)

Did an operation precede death? Yes Date of 2-23-25

Was there an autopsy? Yes

What test confirmed diagnosis* Autopsy and operation

(Signed) John E. Donovan M. D

, 19 (Address) Church Home and Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal**, or **Homicidal**. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL, Apr 9, 1925

20-UNDERTAKER Wm J. Cook — ADDRESS 502 E. South Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97184

CERTIFICATE OF DEATH.

100-001 D 97184

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST No - T WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W. Bennett

(a) RESIDENCE No. Bay View Asylum ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bennett

6 DATE OF BIRTH (month, day, and year) Unknown 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Over 74 yrs				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

059.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susie Ann Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Municipal Hospital Records

15 Filed ..... 19..... ROBERT R. KRAUTER, Registrar

APR 8 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1925, to April 6, 1925, that I last saw him alive on April 6, 1925 and that death occurred, on the date stated above, at 2:35 P m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. R. Hullz M. D.

4/7/ 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. Memorial Cemetery

DATE OF BURIAL: Apr 8, 1925

20 UNDERTAKER: Edw. Ford

ADDRESS: 307 E. Monument

NOTE—It is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 97185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Francis Academy ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mother Mary Francis Fieldin

(a) RESIDENCE No. Chase & Forest ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister

(b) General nature of industry, business, or establishment in which employed (or employer) 065

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER James Fieldin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mother Superior (Address) Forest & Chase St.

15 Filed APR 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1920, to April 4 1925, that I last saw her alive on April 4 1925, and that death occurred, on the date stated above, at 5.35 p.m.

The CAUSE OF DEATH* was as follows:

General Carcinoma,

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mary F Coughlin, M. D.

4.7. 1925 (Address) 1028 Valley ST

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvert Cemetery	April 8 1925
20 UNDERTAKER Mrs R.G. Elliott	ADDRESS 125 Eastland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97186

CERTIFICATE OF DEATH.

90 D 97186

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Druid Hill Av ST. 11-1 WARD)

2-FULL NAME Ernest W. Keller

(a) RESIDENCE NO. 1009 Druid Hill Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Keller

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md

9 BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emma Keller (Address) 1009 Druid Hill Ave

15 Filed APR 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 5th, 1925, to April 6th, 1925, that I last saw him alive on April 5th, 1925, and that death occurred, on the date stated above, at 6.10 a.m.

The CAUSE OF DEATH* was as follows: Valvular Dis of heart Mitral

(duration) yrs. 2 mos 27 days

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. V. Mosby M. D.

(Address) 607 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL April 9, 1925

20 UNDERTAKER Samuel J. Kinsley

ADDRESS 1278 Druid Hill Ave

ROBERT B. KRAUTER, Burial Permit Clerk

FROM IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97187

CERTIFICATE OF DEATH.

10/001

D 97187 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 426 Wilson Terrace St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joe Johnson

(a) Residence No. 426 Wilson Terrace St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Johnson

6-DATE OF BIRTH (month, day and year) 1889

7-AGE. 36 yrs. mos. ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 823

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Charlottsville, Va.

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Cary Armfield

(Address) 504 Benhagard Ave

15- APR 8 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 5-1925

17- I HEREBY CERTIFY, That I attended deceased from April 3 1925 to April 5 1925

that I last saw h. alive on April 4 1925

and that death occurred, on the date stated above, at 1930 h. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) T. Malaria

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) C. W. Bishop M. D.

4-5, 1925 (Address) 503 Sheldon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL. 4/7 1925
20-UNDERTAKER Jane L. Stewart	ADDRESS 578 N Bradde

FILMED

Cor.—1-12-23—M&T—100 Blks.

97188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1918 D 97188

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2203 Oak St (ST.) 12-3 (WARD)

2-FULL NAME Elsie Smith.

(a) RESIDENCE No. 2203 Oak St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE: Years 25 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brownsburg Va

PARENTS

10 NAME OF FATHER: Chas. Shultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lucy Waelan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Chas Shultz 841 Harlem Ave

15 Filed ..... 192 ..... Registrar

APR 8 - 1918

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 1918

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Stab wound through heart Homicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Signed: Jos. F. Mowsley M. D.
(Coroner.)

Dated ..... 1918 (Address) 352 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cary Fine Va — DATE OF BURIAL: April 8 1918

20 UNDERTAKER: Samuel F. Hemsley — ADDRESS: Govans Md

ROBERT R. KRAUTER,
Registrar

Vital Records Clerk

S.A.F.

OAK

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 D 97189

1-PLACE OF DEATH

City of BALTIMORE: (No. 2209½ Hunter St. 12-13 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lee

(a) Residence No. 2209½ Hunter St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Mae Lee

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer Copper

9-BIRTHPLACE (city or town) (State or Country). Tennessee

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Ida Stockley (Address) 2209½ Hunter St

15- APR 8 - 1925 ROBERT R. KRAMER (Registrar)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 2 19 25 to April 6 19 25 that I last saw h. alive on April 6 19 25 and that death occurred, on the date stated above, at 7.35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) H. A. Gilmore M. D.

, 19 (Address) 211-E-25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cem-	April 8 1925
20-UNDERTAKER.	ADDRESS
Joseph A. Farrell	2314 Division St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97190

CERTIFICATE OF DEATH.

100 D 97190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospital St. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Claud E. Nicodemus

(a) RESIDENCE NO. 2004 McHenry St. ST. 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white.	Baby.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baby.

6 DATE OF BIRTH (month, day, and year) June 19-1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
None	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles H. Nicodemus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jefferson W. Va.

12 MAIDEN NAME OF MOTHER Lillian Fedoski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Father. (Address) 2004 McHenry St.

15 Filed APR 8 - 1925, 19.. ROBERT R. KRAUTER, Registrar. Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1924, to April 7, 1925, that I last saw him alive on April 7, 1925, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Cleft Palate and Hare Lip.

Bronchopneumonia. (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia (duration) yrs. mos. 12 hrs.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of Feb 19 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms.

(Signed) E. W. Kaas, M. D.

.19 (Address) Maryland Gen Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	April 1925
UNDERTAKER	ADDRESS
F. D. Neufeld	1850 N. Gilmor St.

How to fill out this certificate. See instructions on back of certificates.

Spec. 1-10-24 - M&T - 1500 Blks.

D 97191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 D 97191

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynor ave & Dukeland ST. 22 WARD) 1

2-FULL NAME Mrs Agnes Thompson

(a) RESIDENCE NO. 322 Hill St - ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs T. Thompson

6 DATE OF BIRTH (month, day, and year) March 18 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John J. Earl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Fredmell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs E. Thompson (Address) 32 E Lee St

15 Filed APR 8 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/4 1925, to 4/5/ 1925,

that I last saw her alive on 4/5 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Y Date of June 1924

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Previous Operation

(Signed) Jr. Hubert Wiekman M. D.

(Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery DATE OF BURIAL: April 8 1925

20 UNDERTAKER: F. D. Wiskott ADDRESS: 1850 W Balto St

Capital Printing Co.

FOR IS very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97192

D 97192

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1623 N. Vincent St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Brown Hayden

(Residence in Baltimore: No. 1623 N. Vincent St.; 30 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

6-DATE OF BIRTH. about ....., 187[illegible]
(Month) (Day) (Year)

7-AGE. 50 yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). 03

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Phil Gunn

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Lucie Gladden

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren Gunn

(Address) St. Mary's Co. Md.

15-

APR 8 - 1925 ROBERT R. KRAUTER, Registrar.

Marital Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

April 6 1925 (Address) 202 Cathedral St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Mary, Co Md

DATE OF BURIAL. April 8 1925

20-UNDERTAKER. Mrs Jas H. Dennis per J. E. Betson

ADDRESS 1303 Presstman St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

D 97193

D 97193

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Somerset St. 5-2 WARD)

2—FULL NAME Baby Meyers

(a) RESIDENCE NO. 416 Somerset St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4/7/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Jerald Meyers

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Elsie Butler

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Elsie Meyers (Mother)
(Address) 416 Somerset St

15 Filed APR 6 - 1925 ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/7 1925, to April 7, 1925, that I last saw him alive on April 7, 1925, and that death occurred, on the date stated above, at 12 10 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxiation due to Pulmonary Oedema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Premature Birth 7 mos.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J H, M. D.

4/7 1925 (Address) 1 Fredk Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lauriel Cem

DATE OF BURIAL Apr. 8 1925

20 UNDERTAKER Mrs J. E. Locke

ADDRESS 1302 Pitt

IMPORTANT—Read instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97194

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 97194

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3021 Presbury St. 16 Ward) Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Maynard Cole.

(a) Residence No. 3021 Presbury St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Cole.

6-DATE OF BIRTH (month, day and year): May 12 1871

7-AGE. 52 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer): Chg Steam

(c) Name of employer: Chg Steam Co.

9-BIRTHPLACE (city or town) (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: Robt Cole

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto.

12-MAIDEN NAME OF MOTHER: Eliza Cornelius

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto

14-(Informant): Eliza Cole

(Address): 3020 Presbury St.

15-DATE RECEIVED: APR 8 - 1925

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 4/4/25

17- I HEREBY CERTIFY, That I attended deceased from March 30th 1925 to April 4th 1925

that I last saw him alive on April 4th 1925

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W Garrison Marks M. D.

4/4 1925 (Address) 1411 Liberty Highway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Cem.	April 8 1925
20-UNDERTAKER.	ADDRESS
E A Wiedefeld	511 E 22nd

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97195 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97195

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 836 George St. 17-2 Ward)

2-FULL NAME Thomas Brunson

(a) Residence No. 836 George St., ... Ward .....

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, (Write the word.)
Male	C	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lillie Brunson

6-DATE OF BIRTH (month, day and year): Sept 27. 1879

7-AGE	If LESS than 1 day,
25 yrs. 7 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): S.C.

PARENTS.

10-NAME OF FATHER: William Brunson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): S C

12-MAIDEN NAME OF MOTHER: Ellen Stokes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): S. C.

14- (Informant) Wm Brunson

(Address) 836 George St

15-

Filed ..... 192... ROBERT R. KRAUTER, Registrar.

APR 8 - 1925 Baltimore City Health Department

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr 7. 25

17- I HEREBY CERTIFY, That I attended deceased from Mar 28, 1925 to Apr 7, 1925

that I last saw him alive on April 6, 1925

and that death occurred, on the date stated above, at 1.55 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. McRae M. D.

4-8, 1925 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery	Apr. 9, 1925

20-UNDERTAKER	ADDRESS
Chas. H. Johnson	716 N. Cowlin St.

Spec- 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97196

CERTIFICATE OF DEATH.

66-6

D 97196

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 301 S. 6th St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Nunemaker

(a) Residence No. 301 S. 6th St., 26 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Widowed

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. 037

9-BIRTHPLACE (city or town) (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Benj F Garley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Otis V. Adams

(Address) 12 S. 11th St

APR 8 - 1925

Filed, 19 ROBERT R. KRAUTZ, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 4 19 25 to April 6 19 25

that I last saw h~~er~~ alive on April 6 19 25

and that death occurred, on the date stated above, at 10.35 a.m.

The CAUSE OF DEATH* was as follows:

Acute Encephalitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Hance B Tatlow M. D.

4/6/25 19 (Address) 315 S Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Carmel

DATE OF BURIAL. Apr 10 1925

20-UNDERTAKER. John Merrick

ADDRESS. 2008 Aliceanna

Spec.—1-10-21—M&T—1500 Bks.

D 97197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D-001

D 97197

1-PLACE OF DEATH West Balt. gen Hospital

CITY OF BALTIMORE: (No. Raynor ave and 2nd WARD) 20 5

REGISTERED NO. 936

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Wise

(a) RESIDENCE No. 300 N Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			5 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country) U.S.A.

PARENTS

10 NAME OF FATHER Walter Wise

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Gertrude Shipley

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Walter L. Wise
(Address) 1838 N Saratoga St

15 APR 8 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 8, 1925, that I last saw her alive on April 8, 1925, and that death occurred, on the date stated above, at 2:45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia 8 days
(duration) yrs. mos.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) yrs. mos. 2 hrs

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jo Hurst Wilson M. D.

, 19 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	April 9 1925
20 UNDERTAKER	ADDRESS
George J. Smith	1532 Hollins St

FRONT is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97198 — 74-08 — B 97198

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 4204 Maine ave St., 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Edward C. Gill

(Residence in Baltimore: No. 4204 Maine ave. St.; yrs. 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	married

6-DATE OF BIRTH. July 31, 1843
(Month) (Day) (Year)

7-AGE. 81 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Farmer)

9-BIRTHPLACE, (State or Country), Balto. Co. Md

PARENTS:
10-NAME OF FATHER, Edward Gill
11-BIRTHPLACE OF FATHER, (State or Country), Md.
12-MAIDEN NAME OF MOTHER, Catherine Fowble
13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..W. C. Gill M.D.
(Address)..4204 Maine Ave.

15- Filed APR 8 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

arterio sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) W. C. Kennedy M. D.
(Coroner.)
April 7, 1925 (Address) 2802 Eutaw ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Emory Chapel Cemetery Co	April 9, 1925
20-UNDERTAKER. George J. Smith	ADDRESS 1622 Hollins St

D 97199

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Coroner of

City of BALTIMORE: (No. Reisterstown Rd St., 15 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. N. Sweeny

(Residence in Baltimore: No. 2922 Baker St. St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH, Nov. 16, 186 5
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 4 mos. 22 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: clerk
(b) General nature of industry, business, or establishment in which employed (or employer): American Dr Co.

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Louis D. Sweeny

11-BIRTHPLACE OF FATHER, (State or Country). Pa.

12-MAIDEN NAME OF MOTHER, Eliza G. Miller

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carolyn E. Sweeny

(Address) 2922 Baker St

15-

Filed APR 8 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

angina pectoris

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) 1 yrs. mos. ds.

(Signed) J. F. Hennessy M. D.
(Coroner.)

April 7, 1925. (Address) 2802 Eutaw Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	April 9 1925

20-UNDERTAKER, George J. Smith ADDRESS 175 Hillsdale

Spec.—1-10-21—M&T—1500 Blks.

D 97200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 97200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 20 WARD) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel G. Spink

(a) RESIDENCE No. 2001 W. Pratt ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1859 Oct 22

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66 yrs.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER George Spink

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annie M. Blake

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Municipal Hospital Records
(Address)

APR 8 - 1925

Filed .... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1925, to April 5, 1925, that I last saw him alive on April 5, 1925 and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension
Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W.E. Miller, M. D.

4/6, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 8 1925
20 UNDERTAKER George J. Smith	ADDRESS 1532 W. Lanvale St.

THIS is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97201

CERTIFICATE OF DEATH.

D 97201

1-PLACE OF DEATH

Registered No. 10-2

City of BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Edward J. Healy

(a) Residence No. 927 E Biddle St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of None

6-DATE OF BIRTH (month, day and year) 1874

7-AGE, 51 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer) R.C.

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, John J. Healy

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret G. Jenning

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) Mrs. Emma Healy

(Address) 927 E. Biddle St

15-

Filed 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 7 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1925 to April 7 1925

that I last saw him alive on April 7, 1925

and that death occurred, on the date stated above, at 1.00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Kyle W. Holley M. D.

(Address) Mercy Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery — DATE OF BURIAL. Apr. 10 1925

20-UNDERTAKER. Henry Horck Son — ADDRESS 1301 E Eager St

Cor.—1-12-23—M&T—100 Bks.

D 97202 HEALTH DEPARTMENT—CITY OF BALTIMORE 168 D 97202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 W. Ostend ST., 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia M. Becker

(a) RESIDENCE NO. 1123 W. Ostend ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21st 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	69	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mamie Lightheiser
(Address) 1123 W. Ostend St

15 Dec. [illegible] Registrar

APR 8 - 1925

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 7th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Jno. H. Norton M. D.
(Coroner.)
Apr 7th, 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional data.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	April 9. 1925

20 UNDERTAKER Mr & Mrs John H. Teufel & Son ADDRESS 68 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

179714
D 97203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 ✓

D 97203

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. 6 - 2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G Hollman

(a) RESIDENCE NO. 406 N. Chapel St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edw. Hollman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rose Shuler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant ... Records

(Address) Johns Hopkins Hosp

15 APR 8 - 1925 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1925, to April 7, 1925, that I last saw him alive on April 7, 1925, and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) ... A W Jacobson ..., M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: April 8 1925

20 UNDERTAKER: Lilly & Zeiler. ADDRESS: 40 S. Wolfe St.

READ IF VERY important. See instructions on back of certificates.

Too Ac Park Cor. ✓

Spec.—1-10-21—M&T—1500 Bks.

D 97204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97204

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 25-45 Eager Place ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Hollihan

(a) RESIDENCE NO. 25-45 Eager Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or (town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 11. 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto -

PARENTS

10 NAME OF FATHER Jacob Hollihan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto -

12 MAIDEN NAME OF MOTHER Barbara Krasner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Mrs. Jacob Hollihan

(Address) 25-45 Eager Place

15 APR 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to April 7 1925

that I last saw him alive on April 6 1925

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Findings

(Signed) Fred Reinicke M. D.

April 7, 1925 (Address) 1000 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer - April 10	1925

20 UNDERTAKER Wm Cook ADDRESS 1121 E Baltimore

FOR PRIVACY important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97205

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO. 8-1

CITY OF BALTIMORE: (No. Madison Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Dilworth

(a) RESIDENCE NO. 1462 Darley Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Dilworth

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	33	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Jos B. Monnonier

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Annie Silvia

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pencilvania

14 Informant Patient
(Address)

Filed 8-28 . 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 7 19 25

17

I HEREBY CERTIFY, That I attended deceased from April 2 , 19 25 , to April 7 , 19 25 ,

that I last saw h alive on Apr. 7 , 19 25 ,

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

a. Bronchopneumonia

Streptococcus septicus

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Jno A. Foutz Jr. M. D.

19 (Address) 1110 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stephens Cem Brooklyn Md. DATE OF BURIAL Apl. 10 1925

UNDERTAKER Chas R. Evans & Son ADDRESS 1180 W Mt Royal Ave

(1) Fill in all items if possible. (2) Use ink. (3) Sign name in full. (4) Report every important fact. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97206

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 S. Bond ST. 2 WARD)

REGISTERED No. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Petrone

(a) RESIDENCE No. 601 S. Bond ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6 25

7 AGE Years Months Days 1

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Petrone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Stanislava Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Petrone (Address) 201 S. Bond

15 Filed . 19 Robert F. Carrison, Registrar

8-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17 I HEREBY CERTIFY, That I attended deceased from April 6, 19 25, to April 7, 19 25.

that I last saw h— alive on April 7, 19 25.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What (test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 601 S. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Holy Rosary — DATE OF BURIAL April 7 1925

20 UNDERTAKER John McWeber — ADDRESS 1803 Bank

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Herrick)

D 97207

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97207

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

City of BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Herrick

(a) Residence No. #9 - Willoughby Beach St., Ocean View Ward Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. W

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Adder Herrick

6-DATE OF BIRTH (month, day and year) 1861

7-AGE. About — 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer). Cemetery

(c) Name of employer. Riverview Co

9-BIRTHPLACE (city or town) (State or Country). Va.

PARENTS.

10-NAME OF FATHER. James Herrick

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Jane Kemp

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

14- (Informant) Carl L. Lucas

(Address) 614 Elliott St W Balto 6.

15- Filed ..... 1925 By Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 7, 25

17- I HEREBY CERTIFY, That I attended deceased from April 2 1925 to April 7 1925

that I last saw h[illegible] alive on April 7 1925

and that death occurred, on the date stated above, at 10.55 A.M.

The CAUSE OF DEATH* was as follows:

Sarcinoma of oesophagus

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of April 2 1925

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) F. W. Wright M. D

, 19 (Address) Church Home, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Norfolk Va

DATE OF BURIAL. 4/8/25 19

20-UNDERTAKER. H E Hughes

ADDRESS Ocean View

Spec.—1-10-21—M&T—1500 Bks.

17898 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97208

D 97208

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hosp

CITY OF BALTIMORE: (No. 19-1 ST., WARD)

2-FULL NAME Earl Kennedy

(a) RESIDENCE NO. 14 N Calhoun St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Kennedy

6 DATE OF BIRTH (month, day, and year) Oct. 31, 1876

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	48	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER Dan'l Kennedy

11 BIRTHPLACE OF FATHER (city or town) Providence (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Harriet Ann Timanus

13 BIRTHPLACE OF MOTHER (city or town) Baltimore County (State or country) Maryland

14 Informant Records John Hopkins Hosp (Address)

15 Filed 19 Registrar

R 8-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7- 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1- 1925 to April 7 1925

that I last saw him alive on April 7- 1925

and that death occurred, on the date stated above, at 11:00 P. m.

The CAUSE OF DEATH* was as follows:

Abscess of Pericardium

(duration) — yrs 1 mos 13 ds.

CONTRIBUTORY (Secondary) Pyelonephritis (duration) — yrs — mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of March 1, 1925

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Eugene C. Shaw M. D.

4-8, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet (Frdrk Md) DATE OF BURIAL Apr 10 1925

20 UNDERTAKER Joseph L. Cook ADDRESS 1 W. Biddle

How is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97209

CERTIFICATE OF DEATH.

90 D 97209

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N. Paca ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Robert Satany

(a) RESIDENCE NO. 601 N Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 7 mos. X ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): April 11-1852

7 AGE — Years: 72 | Months: 11 | Days: 27 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: X

9 BIRTHPLACE (city or town) (State or country): Caroline County Virginia

PARENTS

10 NAME OF FATHER: Benj Satany

11 BIRTHPLACE OF FATHER (city or town) (State or country): Caroline Co Virginia

12 MAIDEN NAME OF MOTHER: Martha (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Caroline Co Virginia

14 Informant: Rotunda Coleman (Address) 601 N Paca St

15 Filed APR 7 1925, 19 Robert F. Harrison, Registrar

8-1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): APR 7 1925

17 I HEREBY CERTIFY, That I attended deceased from JAN 5 1925, 19..., to APR 7, 1925, 19...,

that I last saw h/M alive on APR 7, 1925,

and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Dilated heart

(duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) 10 yrs. X mos. X ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) O. F. Duker M. D.

19 (Address) 928 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Milford Belvedere Va. | DATE OF BURIAL: 4/9/25

20 UNDERTAKER: Daniel Easton | ADDRESS: 916 Penna Ave

IMPORTANT. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97210

97210

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N. Mount ST. 19 WARD) 1

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence G. Bond

(a) RESIDENCE No. 236 N. Mount ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14/23

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	9	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER J. Emory Bond

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Isabella Grant

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant J. Emory Bond
(Address) 236 N. Mount St

Filed 8-1925, 192 ....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Congestion Lungs

(duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) .... yrs. .... mos. .... ds.

(Signed) Thos. B. Norton, M. D.

Apr 7th, 1925 (Address) Curtis Bay (Corner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Balto Md

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4-9 1925
20 UNDERTAKER David Easton	ADDRESS City Line

Instructions on back of certificate. They are very important. See

D 97211 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 11-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Govans

(Residence in Baltimore: No. 1120 McCullough St St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH. Aug 24-20 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
4 yrs. 7 mos. 13 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS

10-NAME OF FATHER. John Govans

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Rachel Dorsey

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Govans

(Address) 1120 McCullough St

15- Filed 8-1925 192.....

Robert P. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6-25 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sec.& third Degree burns ovr face, body & extremities.

(Accidental- playing with matches & clothes caught fire)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Kader M. D.
(Coroner)

4-7-25 192 (Address) 306 E. Monument

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	4/9 1925
20-UNDERTAKER. Daniel Carbin	ADDRESS 916 Penna ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97212

CERTIFICATE OF DEATH.

D 97212

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 17 Ward) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bernie (Borney)

(a) Residence No. 537 Rumsen st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1892

7-AGE.	If LESS than 1 day,
33 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 040

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER, Jack Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Annie Bernie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

14-

(Informant) Hospital Records

(Address) M.T.H.

15-

Filed 8-1925 192 Registrar.

Chief Bureau Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 3 1925 to April 6 1925

that I last saw him alive on April 6 1925

and that death occurred, on the date stated above, at 11.45 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) I. B. Whaley M. D.

4-7-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn Cem	4/9/26
20-UNDERTAKER	ADDRESS
Dennis Kaelin	916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97213

CERTIFICATE OF DEATH.

32 D 97213

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Williams

(a) RESIDENCE NO. 1022 Vine ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Don't know

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? ? 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	26 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Don't know?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't know?

12 MAIDEN NAME OF MOTHER Don't know?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't know?

14 Informant Municipal Hospital Records

(Address)

15 8 - 1925 ..., 19... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 6, 1925, that I last saw h[illegible] alive on April 6, 1925 and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) (History) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W L Miller M. D.

4/7 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4/9/25 19
20 UNDERTAKER Daniel Castri	ADDRESS 916 Pa ave

(Filled in on back of certificates. See instructions on back. INFORMATION is very important.)

Spec—12-23-21—E.B.R.S—400 Bks.

D 97214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18-3

D 97214

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles S. Jones

(a) Residence No. 204 w. poppleton st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Marri[illegible]d

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Jones

6-DATE OF BIRTH (month, day and year) 1881

7-AGE. 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 080

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Norfolk Virginia

PARENTS

10-NAME OF FATHER, Sam Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Virginia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15-

Filed 192

Registrar.

B-1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 6 1925 to April 7 1925

that I last saw h[illegible]im alive on April 7 1925

and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. B. Whaley M. D.

4-7- 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cem	4-9/25
20-UNDERTAKER, Daniel Easton	ADDRESS Balto

Spec.-1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97215

CERTIFICATE OF DEATH.

101-001

97215

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 9 Greenes St. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Tennis

(a) RESIDENCE NO. 103 Tramore Ave (Hamilton) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tennis

6 DATE OF BIRTH (month, day, and year) Jan. 16, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	74	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baker & Whitley Co

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George L. Tennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mulhenon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mulhenon

14 Informant Mary Tennis

(Address) 103 Tramore Ave

15 Filed APR 9 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 6, 1925, to April 7, 1925, that I last saw him alive on April 7, 1925, and that death occurred, on the date stated above, at 12:25 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Myocarditis & Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. H. Welch M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar Cemetery Balto Co — DATE OF BURIAL April 9 1925

20 UNDERTAKER H. Sander Sons — ADDRESS 1210 Park Ave

FROM A VERY IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97216

CERTIFICATE OF DEATH.

90 D 97216

Registered No.

1-PLACE OF DEATH Woman's Hospital

City of BALTIMORE: (No. Lafayette & John St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Caroline Stewart

(a) Residence No. 2024 N. Charles St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin E. Stewart.

6-DATE OF BIRTH (month, day and year) June 3/1856 (1856)

7-AGE	If LESS than 1 day,
69 yrs 10 mos 5 ds.	— hrs. or — min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country) Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Christ John Bittner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) E. Harry Stewart

(Address) 415 N. Howard St. Balto. Md.

APR 9 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/8/25

17- I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to April 8, 1925, that I last saw h.e.s. alive on April 8, 1925, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Auricular Fibrillation

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Parasitis

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Kenneth B. Boyd M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Druid Ridge Cemetery	4/11 19 25

20-UNDERTAKER,	ADDRESS
Henry W. Spears & Son	805 N. Calvert St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97217

CERTIFICATE OF DEATH.

101-001

D 97217

1-PLACE OF DEATH Church Home and Infirmary

City of BALTIMORE: (No. Broadway & Fairmont St., 28-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Charles P. Reese

(a) Residence No. 4200 Belview Ave. St., Westarlington Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Blinn

6-DATE OF BIRTH (month, day and year) July 17, 1867

7-AGE. 57 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Accountant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 009
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Maryland

PARENTS

10-NAME OF FATHER, Daniel W. Reese

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Jennie Pattison

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Do not know

14- (Informant)..... Mrs. Grace B. Reese
(Address)..... 4200 Belview Avenue

15-
Filed..... 192.... MYRL B. KRAUTER,
Registrar.

APR - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 3 1925 to April 7, 1925, that I last saw h.e alive on April 7, 1925, and that death occurred, on the date stated above, at 5:00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)..... yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs. mos. ds.

18-Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Lab & Autopsy

(Signed) T. W. Wright M. D

19 (Address) Church Home & Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cemetery	4/10 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Bears & Son	805 N. Calvert St.

Spec- 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 97218

CERTIFICATE OF DEATH.

D 97218

1-PLACE OF DEATH Union Memorial Hosp. Registered No.

City of BALTIMORE: (No. Calvert & 33rd St. St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Martha Knight Austin

(a) Residence No. Albion Hotel St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 16 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Rev. Wm. Austin

6-DATE OF BIRTH (month, day and year) July 22, 1848

7-AGE. 76 yrs. 8 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town). Balto. Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Mr. Samuel Knight

11-BIRTHPLACE OF FATHER (city or town). Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Martha Moore

13-BIRTHPLACE OF MOTHER (city or town). Md.
(State or Country).

14- (Informant). Mrs Edwin Murphy
(Address). 4305 Norwood Road, City

15- Filed APR 9 - 1925 19 MYRA R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 4, 1925 19.., to April 8, 19.25, that I last saw h.r alive on April 8, 19.25, and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? Albion Hotel

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed). Edwin B. Jayrett M. D
. 19 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem.	4/10 1925
20-UNDERTAKER.	ADDRESS
Henry W. Myers & Son	805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97219

CERTIFICATE OF DEATH.

123

D 97219

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Warner ST., 21-3 WARD)

2-FULL NAME Alice Mycock

(a) RESIDENCE NO. 1118 Warner ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Mycock

6 DATE OF BIRTH (month, day, and year) Sept 11, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hamptonville Va. Virginia

PARENTS

10 NAME OF FATHER Essex Newsome

11 BIRTHPLACE OF FATHER (city or town) Smithfield (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lucinda Lawrence

13 BIRTHPLACE OF MOTHER (city or town) Hamptonville (State or country) North Carolina

14 Informant Edmond Mycock

(Address) 1118 Warner St.

15 APR 9 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 30 1925, to Apr 8 19 25

that I last saw h alive on Apr. 7 19 25

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Ruptured Tube Gall Bl. Peritonitis

(duration) 2 yrs. 1 mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. T. Stateler, M. D.

19 (Address) 1110 Druid Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state: (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Suffork Nansemond Co Va	Apr 10 1925

20 UNDERTAKER John H Loadman

ADDRESS 1027 Hand Hill Ave

FROM IS very important. See instructions on back of certificates.

Spec– 12-23-21– E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97220

CERTIFICATE OF DEATH.

D 97220

1-PLACE OF DEATH

Registered No. 74001

City of BALTIMORE: (No. 1102 Warner St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Armstrong

(a) Residence No. 1102 Warner St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of — Armstrong

6-DATE OF BIRTH (month, day and year) — 1858

7-AGE.	If LESS than 1 day.
67 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9-BIRTHPLACE (city or town) Essex Co.
(State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) "
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) "
(State or Country),

14-

(Informant) Irma Pinder

(Address) 1102 Warner St

15-

Filed ..... 192.....

APR 9 - 1925

BURTON R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/7/25

17- I HEREBY CERTIFY, That I attended deceased from 4/6 1925 to 4/7 1925

that I last saw h[illegible] alive on 4/7 1925

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy —

(Duration) — yrs. — mos. 1 ds

CONTRIBUTORY (Secondary) Probably Chronic Nephritis (Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dow J. Hopkins M. D

4/8 1925 (Address) 1202 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Apr. 10, 1925

20-UNDERTAKER. John H. Toadvine

ADDRESS 1027 Hanover Hill ave

Spec.—1-10-21—M&T—1500 Blks.

17924 D 97221

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 97221

CERTIFICATE OF DEATH

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 17 WARD 1)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna May Brown

(a) RESIDENCE No. 1333 Myrtle Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State) White

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1924

7 AGE: Years — Months 6 — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn

12 MAIDEN NAME OF MOTHER M. Mysterious

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to April 7, 1925, that I last saw her alive on April 7, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Multiple Skin Infections

(duration) — yrs. — mos. 27 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Septicaemia

(duration) ..... yrs. ..... mos. 11 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) W. J. Scall, M. D.

4-7, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Apr 9 1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97222

CERTIFICATE OF DEATH.

D 97222

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Bateman Ave ST., 15-5 WARD)

2-FULL NAME Samuel H. Woodland

(a) RESIDENCE No. 3406 Bateman Ave. ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Elmer Woodland

6 DATE OF BIRTH (month, day, and year) Oct 14, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Woodland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Malinda Abbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant E. Kurtz Woodland

(Address) 308 Oakley Ave.

15 Filed APR 9 - 1925 Registrar ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1925 to April 8, 1925.

that I last saw him alive on April 8, 1925.

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Cancer. Sarcoma of Prostate & Penis

(duration) yrs. 6. mos. ds.

CONTRIBUTORY (Secondary) age.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 1st June

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic slide

(Signed) John A Evans M. D.

19 (Address) 101 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	April 11 1925

20 UNDERTAKER John Ottotchell ADDRESS 1201 W. Fayette St

TION is very important. See instructions on back of certificates.

D 97223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22 1 101-001

D 97223

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 814 S. Sharp St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Graham.(C)

(Residence in Baltimore: No. 814 S. Sharp St. St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH. Do not know. (Month) (Day) (Year)

7-AGE. 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) South Carolina.

PARENTS.

10-NAME OF FATHER. James Graham.(C)

11-BIRTHPLACE OF FATHER. (State or Country). North Carolina.

12-MAIDEN NAME OF MOTHER. Martha Presley.(C)

13-BIRTHPLACE OF MOTHER. (State or Country). South Carolina.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora Harrison.(C)sister.

(Address) 814 S. Sharp St.

15- Filed APR 9 - 1925 by ROBERT B. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 6th. 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

April 7, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
W. Grove et	April 9 1925

20-UNDERTAKER.	ADDRESS
C. Lee Brown & Son	1424 Monte

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

D 97224

CERTIFICATE OF DEATH.

D 37224

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2215 Druid Hill Ave. St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Jones

(a) RESIDENCE NO. 2215 Druid Hill Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 2-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Richard Jones (Address) 2215 Druid Hill Ave

15 Filed APR 9 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/2 1925 to 4/8 1925,

that I last saw him alive on 4/8 1925,

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

a. Ill Developed & Enteritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr R Leuth M. D.

4/6 1925 (Address) 1139 Dill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Auburn Cem

DATE OF BURIAL 4/9 1925

20 UNDERTAKER Samuel Thursby

ADDRESS 578 N Eden St

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 1 001

D 97225

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1804 Division ST., 14-1 WARD)

2-FULL NAME Henry Cannon

(a) RESIDENCE No. 1804 Division ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9-1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Beatrick Cannon
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Viola Mayfield
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Henry Cannon
(Address) 1804 Division St

15 APR 9 - 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6 19 25

17 I HEREBY CERTIFY, That I attended deceased from Mar. 30 19 25, to Apr. 6 19 25
that I last saw h[illegible] alive on Apr. 6 19 25
and that death occurred, on the date stated above, at 7.30 P. m.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) ... yrs. 3 mos ... ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ... yrs. ... mos 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) M. L. Carr Jr M. D.
(Address) 5 18 Monument 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem — DATE OF BURIAL 4/9 1925

20 UNDERTAKER Samuel Hensley — ADDRESS 578 N Eddy

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97226

CERTIFICATE OF DEATH.

32

D 97226

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Kenny

(a) Residence No. 431 Hutchins st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Kenny

6-DATE OF BIRTH (month, day and year) 1885

7-AGE. 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS

10-NAME OF FATHER. Thomas Kenny

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Josephine ??

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15-

Filed, 192 Registrar.

DEC 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 27 19 25 to Apr. 6 19 25

that I last saw him alive on Apr. 6 19 25

and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. 11 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory, Autopsy

(Signed) J. B. Whaley M. D.

4-7- 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Zion Cem. Towson DATE OF BURIAL. 4/9 1925

20-UNDERTAKER. Hamme & Kenny ADDRESS 578 N. Eden St.

Spec. 1-10-21 M&T 1500 Blks.

D 97227

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

× 90 D 97227

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No.) Lombard & Greene ST., 4 — 1 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dryden

(a) RESIDENCE No. Westover Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of R. J. Dryden

6 DATE OF BIRTH (month, day, and year) Oct 8, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. J. Dryden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hospital Records

15 APR 9 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/21, 1925, to 4/8, 1925, that I last saw him alive on 4/6, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis.

Myocardial Insufficiency.

(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 4/7/25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. S. Anderson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westover, Md

DATE OF BURIAL April 12 1925

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 Eager

FOR IS VERY important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97228

CERTIFICATE OF DEATH.

D 97228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1693 Darley ave ST., 8-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James T. Townsend

(a) RESIDENCE No. 1693 Darley ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Townsend

6 DATE OF BIRTH (month, day, and year) Aug 21, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	69	7	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman Retired
(b) General nature of industry, business, or establishment in which employed (or employer) 039
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elizabeth Townsend
(Address) 1693 Darley ave

15 Filed APR 9 - 1925 SOLEE R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1925, to April 7, 1925, that I last saw him alive on April 6, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) John S. Fahey, M. D.
4/8, 1925 (Address) 3522 Greenmount ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL April 10 1925

20 UNDERTAKER Perkins & Zobel — ADDRESS 1739 Eager st

FION IS very important. See instructions on back of certificates.

D 97229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 13 001 D 97229

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 8 Ward 13)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Jackson

(Residence in Baltimore: No. 1307 N. Chapel St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	sing

6-DATE OF BIRTH. Aug 10 1924 (Month) (Day) (Year)

7-AGE. yrs. 7 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Burton Jackson

11-BIRTHPLACE OF FATHER. (State or Country). Va

12-MAIDEN NAME OF MOTHER. Katie Oliver

13-BIRTHPLACE OF MOTHER. (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Jackson

(Address) 1307 N. Chapel St

15- APR 9 - 1925 19... ROBERT R. KRAMER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 6-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Autopsy at Hopkins Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Gallen M. D. (Coroner)

4-9-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery DATE OF BURIAL. April 9 1925

20-UNDERTAKER. ADDRESS. Wm. R. Elliott Parkland.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97230

CERTIFICATE OF DEATH.

11-001

D 97230

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S. Ann Street ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. Dreyer

(a) RESIDENCE NO. 307 S. Ann Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 17 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	--	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John .Dreyer

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary.Damilowski

13 BIRTHPLACE OF MOTHER (city or town) Scranton
(State or country) Pa.

14 Informant Mrs. Mary. Dreyer
(Address) 307 . S. Ann Street

15 APR 9 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/25

17 I HEREBY CERTIFY, That I attended deceased from April 2 , 1925 , to April 8 , 1925 , that I last saw him alive on April 8 , 1925 , and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) La grippe

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Rehberger , M. D.

, 19 (Address) 1709 Ann St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	April 9 19 25

20 UNDERTAKER ADDRESS

John A Weber 1803 Bank St

THIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—150 Bks.

D 97231

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97231

91-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1303 Bayard ST., 21-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Chambers

(a) RESIDENCE NO. 1303 Bayard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Steven Chambers

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 75 yrs | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): Ret'd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elkcott City Md

PARENTS

10 NAME OF FATHER: Wm Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Anna Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Chambers

(Address): 806 W. Lanvale st

15 Filed APR 9 - 1925 ROBERT R. KRAUTER, Registrar

Medical Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1924, to April 5, 1925, that I last saw h[illegible] alive on April 4, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac asthma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Wesley Story, M. D.

Apr 8. 1925 (Address) 729 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery DATE OF BURIAL: April 8 1925

20 UNDERTAKER: Wm G. Hooper ADDRESS: 406 W. Conway st

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97232 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97232

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 27-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Apple

(a) RESIDENCE NO. Cross Country Blvd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 9 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jacob Apple

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Bessie Adler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mr. Jerome Apple
(Address) Cross Country Blvd.

15 APR 9 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/18 1920 to 4-8 1925

that I last saw h/ alive on 4-8 1925

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

Ruptured (duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Oesophageal Varices
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?-

(Signed) Joseph William Kelly, M. D.

, 19 (Address) 910 Brooks Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship | DATE OF BURIAL 4/10/1925

20 UNDERTAKER David Sondheim | ADDRESS 110-20 W. Royal Place

TION is very important. See instructions on back of certificate. Dead bodies must be registered in the city where death occurs. It is not necessary that the informant be a relative of the deceased. Eng.

Spec. 1-10-21 M&T 1500 Bks.

D 97233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97233

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4-1 WARD)

2-FULL NAME John A Crabbs

(a) RESIDENCE No. Linwood Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Crabbs.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 960

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Crabbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hitchcock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital records (Address)

15 Filed ..., 19... ERNEST R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/9 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/26, 1925, to 4/9, 1925, that I last saw him alive on 4/9, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cholecystitis.

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

Anuria (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Pipe Creek Cemetery

DATE OF BURIAL April 12 1925

20 UNDERTAKER H M Routson

ADDRESS 230 N Greene

Spec.—1-10-21—M&T—1500 Bks.

D 97234

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97234

CERTIFICATE OF DEATH.

1299

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 E 26th. (ST.) 9 (WARD) 3

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Warfield Burgess

(a) RESIDENCE No. 502 E 26th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1876 Stella R. Burgess

6 DATE OF BIRTH (month, day, and year) July 18 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Owen D Burgess.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Clementine Ork

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Stella Burgess (Address) 502 E 26th St

15 Filed ..... 1925 ROBERT R. KRAUTER, Burial Permit Clerk (Registrar)

APR 9 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 14 1925, to April 7 1925, that I last saw h— alive on April 7 1925 and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jno W Hartzell M. D.

1925 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park.	April 10 1925

20 UNDERTAKER Robt F Turner. ADDRESS 1742 Broadway

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

97235 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 97235

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1116 Burgundy St., 21-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie E. Wiegand

(a) Residence No. 1116 Burgundy St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 13-1872

7-AGE, 52 yrs. 4 mos. 27 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER Andrew Wiegand

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Eva Debaum

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) J. E. Wiegand

(Address) 1116 Burgundy

15- (Date) APR 9 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/9/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to April 9, 1925, that I last saw h.. alive on April 8th 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Fatal

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Richard S. Dunn, M. D.

, 19 (Address) 1320 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western | DATE OF BURIAL, April 10, 1925

20-UNDERTAKER John J. Fields | ADDRESS 200 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97236

CERTIFICATE OF DEATH.

164 D 97236

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 Hanover ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry Wright

(a) RESIDENCE No. 808 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Wright

6 DATE OF BIRTH (month, day, and year) June 14 1842

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington Del (State or country)

PARENTS

10 NAME OF FATHER Perry Wright

11 BIRTHPLACE OF FATHER (city or town) Wilmington Del (State or country)

12 MAIDEN NAME OF MOTHER Boot Kean

13 BIRTHPLACE OF MOTHER (city or town) — (State or country) —

14 Informant Mrs Susan Wright (Address) 808 Hanover st

15 Filed APR 9 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1925, to April 8, 1925, that I last saw h[illegible] alive on April 8 1925, and that death occurred, on the date stated above, at 11 50 a.m.

The CAUSE OF DEATH* was as follows:

Influenza pneumonia

Cap

(duration) yrs. 1 mos 8 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. H. Campbell M. D.

April 9 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL April 11 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

THON is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97237.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 D 97237

CERTIFICATE OF DEATH.

27-6

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 Hawthorn Road, St., Roland Park Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amalia W. Windfelder

(a) Residence No. 121 Hawthorn Road, St., Roland Park Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Windfelder

6-DATE OF BIRTH (month, day and year) Nov. 22, 186[illegible]

7-AGE,	If LESS than 1 day,
60 yrs. 4 mos. 16 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Weitz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Amalie Keyehr

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Martin J. Wiest

(Address) 10 Linden Terrace, Towson

15-

Filed 9-1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 4 1925 to April 8 1925

that I last saw her alive on April 7 1925

and that death occurred, on the date stated above, at 12-15 A. m.

The CAUSE OF DEATH* was as follows:

Complete Anuria Probably Embolic. General Arteriosclerosis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(Duration) 1 yrs. 3 mos. - ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Gibson Porter M. D.

4/8 1925 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	4/10 1925

20-UNDERTAKER	ADDRESS
Henry W. Mears and Son	805 N. Calvert

Spec–12-23-21–E.B.R.S.–400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97238

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

Registered No. 1623

City of BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Abbott

(a) Residence No. 2811 Presstman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3/27/25

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 2 hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer)..... (Wife)

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md. U.S.A.

PARENTS.

10-NAME OF FATHER, E. W. Abbott

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New Hampshire

12-MAIDEN NAME OF MOTHER, Charlotte Haught

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md. U.S.A.

14- (Informant) Mrs. E. W. Abbott

(Address) 2811 Presstman St City

15- Filed 9-1925 192 Robert P. Harrison, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 3/28/25

17- I HEREBY CERTIFY, That I attended deceased from March 26 1925 to March 29 1925

that I last saw him alive on March 29 1925

and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

24 hrs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Examination

(Signed) L. C. Bauereisen, M. D

, 19 (Address) Church Home & Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Church Home & Infirmary	March 30 1925
20-UNDERTAKER.	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

D 97239

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97239

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Bay View Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md ST. 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Lee

(a) RESIDENCE NO. 629 Penn Alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) District of Columbia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Bay View Hospital, Baltimore, Md.

15 - 1925 Robert F. Harrison, 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17 I HEREBY CERTIFY, That I attended deceased from November 9, 1922, to April 5, 1925, that I last saw him alive on April 5, 1925 and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Paralysis of the Insane Luetic Infectio

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological and Clini cal findings.

(Signed) [illegible] M. D.

(Address) 4/6/25 Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

UNIVERSITY OF MARYLAND

20 UNDERTAKER Commissioner Health. ADDRESS 19 APR 2 1925

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97240

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97240

CERTIFICATE OF DEATH

1-PLACE OF DEATH Howard A. Kelly Dantorium — REGISTERED NO. 131

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Neill

(a) RESIDENCE No. Charles Town W. Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Neill

6 DATE OF BIRTH (month, day, and year) Feby 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician 054

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hagerstown, Md. (State or country)

PARENTS

10 NAME OF FATHER Alexander Neill.

11 BIRTHPLACE OF FATHER (city or town) (State or country) USA

12 MAIDEN NAME OF MOTHER Rosa Nelson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) USA

14 Informant William Neill Jr. (Address) 1418 Eutaw Pl. Baltimore

15 Filed 3 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/9 1925

17 I HEREBY CERTIFY, That I attended deceased from March 5 1925, to April 9 1925, that I last saw h living on Apr 9 1925, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Bilateral pyelitis kidneys

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death? West Virginia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typhi abdominal X Ray.

(Signed) William Neill Jr. M. D.

4-9-1925 (Address) 1418 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlestown W. Va. — DATE OF BURIAL April 9 1925

20 UNDERTAKER Chas H. Black — ADDRESS 742 W. Northam

(If not in a hospital or institution, give its NAME instead of street and number.)

TION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Bks.

D 97241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97241

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Harford Ave ST., 9 WARD) — REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Keady

(a) RESIDENCE NO. 2006 Harford Ave ST., WARD Bridgetown Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/15/1855

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
69	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bridgetown Pa

PARENTS
10 NAME OF FATHER Joseph Keady
11 BIRTHPLACE OF FATHER (city or town) (State or country) Bridgetown Pa
12 MAIDEN NAME OF MOTHER Anna Gilliepe
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bridgetown Pa

14
Informant Mrs John Murray
(Address) 2006 Harford Ave

15
Filed ..... 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 8th 1925

17
I HEREBY CERTIFY, That I attended deceased from Apl 1 1925 to Apl 8 1925
that I last saw her alive on Apl 8 1925
and that death occurred, on the date stated above, at 4: P m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? —

4/8 1925 (Signed) Frank J Kinsey M. D.
(Address) 2700 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bridgetown Pa — DATE OF BURIAL 4/10 1925

20 UNDERTAKER George J Ruth — ADDRESS 1735 Harford Ave

FION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97242

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97242

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St., Hospital WARD) 16-7

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bessie Heuer.

(a) RESIDENCE NO. West Baltimore General Hospital ST., WARD (1533 N Lanvale St)
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H. R. Heuer.

6 DATE OF BIRTH (month, day, and year) July 20 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William J. Shaw.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susie Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Geo. E. Shannon M.D.
(Address) 700 Fulton Ave

15 Filed APR 9 1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1925, to April 9, 1925, that I last saw h er alive on April 9, 1925, and that death occurred, on the date stated above, at 3 50 p. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
Broncho Pneumonia.
Staphylococcus Epidermis
(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute Anaemia.
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At her home.

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory test

(Signed) Geo. E. Shannon, M. D.

4/9, 1925 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	April 13 1925
20 UNDERTAKER	ADDRESS 1532
George E. Smith	Pollin

ATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97243

CERTIFICATE OF DEATH.

31

D 97243

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 316 D. High ST.: 3-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Russo

(a) RESIDENCE No. 316 D. High ST., 3 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 11th 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Louis Russo.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Pandolfo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Ruby. Russo (Bro.)

(Address) 11 S Lemmon St.

Filed 9-1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1925 to Apr. 8 1925, that I last saw h[illegible] alive on Apr 8 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Edward Swan, M. D.

, 19 (Address) 14 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	April 11th 1925
20 UNDERTAKER	ADDRESS
Frank V. Lipitone	1800 E. 32nd St

Fill in very important. See instructions on back of certificate.

D 97244 HEALTH DEPARTMENT—CITY OF BALTIMORE 003 ✓ D 97244

CERTIFICATE OF DEATH.

9-188-6

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE (No. St. Joseph Hospital St. ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Arnette

(Residence in Baltimore: No. 1805 Ensor St St. 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	Single

6-DATE OF BIRTH. March 13-1917
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
0 yrs. 0 mos. 26 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer)..... School boy

9-BIRTHPLACE. (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. E.R.Arnette

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Esther Hunter

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E.R.Arnette

(Address) 1805 Ensor St

15- Filed 9-1925 192.... Robert F. [illegible] Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage due to ribs puncturing Lungs-Automobile Accident (Inquest to be held Apr 13-25)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Weber M. D.
(Coroner)

4-9-25 192.... (Address) 525 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Baltimore Cemetery Sept 11 1925

20-UNDERTAKER. ADDRESS
W. E. Cook 502 E. Fayette

D 97245

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97245

5-66

CERTIFICATE OF DEATH

1-PLACE OF DEATH: On the street in front of

City of BALTIMORE: (No. 700 E. Lexington St. St. 1 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Joseph P. Fohner.

(Residence in Baltimore: No. 204 N. High St. St.; 53 yrs. 8 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married Widowed or Divorced. (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH: July 11, 1871. (Month) (Day) 1 (Year)

7-AGE: 53 yrs. 8 mos. 26 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Horse shoer.
(b) General nature of industry, business, or establishment in which employed (or employer): 006

9-BIRTHPLACE. (State or Country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Jacob Fohner.

11-BIRTHPLACE OF FATHER. (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Anna Goeche.

13-BIRTHPLACE OF MOTHER. (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Anna E. Fohner. (wife)

(Address): 3907 Greenmount Ave.

15- Dec 1925 192 Robert P. Harrison, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 6th. 1925. (Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

April 9, 192 5 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	April 10 1925
20-UNDERTAKER.	ADDRESS
William Cook.	502 E. North Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97246

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97246

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 11-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... David D Lane

(a) Residence No.... 631 N. Calvert St. Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lane

6-DATE OF BIRTH (month, day and year) Dec 25, 1847

7-AGE. 77 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0-40

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer.....

9-BIRTHPLACE (City or town) Balto, (State or Country) Md

PARENTS.

10-NAME OF FATHER James Lane

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Tracy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14- (Informant) Daniel Lane

(Address) 631 N. Calvert St.

15- Filed ..... 192 Robert P. Harrison, Registrar.

9-1925 Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/9/25

17- I HEREBY CERTIFY, That I attended deceased from 4/5/25 19.... to 4/9/25 19.... that I last saw h.. alive on 4/9/25 19.... and that death occurred, on the date stated above, at 3-a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical.

What test confirmed diagnosis?

(Signed) K. W. Kelly, M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hamonds	Apr 11, 1925
20-UNDERTAKER. Wm Cook	ADDRESS 502 E Fayette Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97247

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 7th St., 26-8 WARD)

REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Wells

(a) RESIDENCE NO. 1005 7th ST., 25 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James E Wells

6 DATE OF BIRTH (month, day, and year) Oct 26 1833

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Dulany

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Twyford

(Address) 1005 7th St

15 FILED 9-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to April 8, 1925, that I last saw h[illegible] alive on April 7, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Geo Schleffer M. D.

April 9 1925 (Address) 2320 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	April 10 1925

20 UNDERTAKER Wm Cook ADDRESS 2028 Eutaw

FULL INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Bks.

97248

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97248

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 707 Glenwood Av St., 27-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ella Knowles

(a) Residence No. 707 Glenwood Av St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of E. M. Knowles

6-DATE OF BIRTH (month, day and year) August 30 1875

7-AGE, 49 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Jamesville N. C.

PARENTS

10-NAME OF FATHER, James Lilley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Jamesville N. C.

12-MAIDEN NAME OF MOTHER, Martha

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N. C.

14-Informant, Ethel M. Knowles, 707 Glenwood Ave.

15-Filed ..... 192.. Robert T. Harrison Registrar.

9 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from January 13th 1925 to April 8th 1925

that I last saw him alive on April 7th 1925

and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

1 Rupture of Aortic Aneurysm

(Duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jere Huntington M. D.

4/8, 1925 (Address) 401 E. 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn	April 10, 1925
20-UNDERTAKER.	ADDRESS
Wm. Cook	5022 Reisterstown

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97249

CERTIFICATE OF DEATH.

D 97249

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., 8-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie Emrich

(a) Residence No. 3140 Elmora Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Wid

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Emrich

6-DATE OF BIRTH (month, day and year) Sept 13 1855

7-AGE.	If LESS than 1 day.
66 yrs. 6 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or town) Balto. (State or Country) Md.

PARENTS.

10-NAME OF FATHER John Schmidt

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Wuhnrock

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

11- (Informant) Howard H. Emrich

(Address) 3140 Elmora Ave

15- Filed ....., 192.. Robert P. Harrison, Registrar.

9-1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/9/25

17- I HEREBY CERTIFY, That I attended deceased from Apr 3, 1925 to Apr 9, 1925 that I last saw h[illegible] alive on Apr 9, 1925 and that death occurred, on the date stated above, at 11:25 a.m. The CAUSE OF DEATH* was as follows:

Diebetis Mellitus

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis. Diabetic Coma

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Phys. tests

(Signed) Geo B. Dysart M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore	Apr 11, 1925
20-UNDERTAKER. W. C. Cook	ADDRESS 532 E. Fort Ave

Spec. 1-10-21 M&T 1500 Blks. (Signed by Health Officer, Chas. T. Goldsborough in place of Dr. J. H. Bruns - during his absence from city —)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97250

CERTIFICATE OF DEATH.

D 97250

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1226 Union Ave ST., 13-3 WARD.

2-FULL NAME Joseph M. Breedon

(a) RESIDENCE NO. 1226 Union Ave ST., 13 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Breedon

6 DATE OF BIRTH (month, day, and year) July 23-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	73	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Cotton Mill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Page Co. Virginia

PARENTS

10 NAME OF FATHER John Breedon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ellen Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Lizzie Breedon

(Address) 1226 Union Ave

15 9 - 1925 ..... 19 ..... Registrar

Robert F. Harrison,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct ....., 1919, to April 8, 1925.

that I last saw him alive on April 8, 1925.

and that death occurred, on the date stated above, at 12 40 A.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis —

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) unknown ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. T. Goldsborough M. D.

. 19 (Address) 2923 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	April 10 1925
UNDERTAKER	ADDRESS
Horace H. Burgee	363 Hollins Rd.

FROM BOTH very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 97251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 97251

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 E. Lanvale St. 18-2 WARD)

2-FULL NAME Peter - E. Klein

(a) RESIDENCE NO. 1517 E Lanvale St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleonora Klein

6 DATE OF BIRTH (month, day, and year) Nov 23, 1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or min.
46 Years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sea Faring

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER Martin Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER B. Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Eleonora Klein (Address) 517 E Lanvale st.

15 APR 10 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept-9, 1924, to April 8, 1925, that I last saw h— alive on April 2, 1925, and that death occurred, on the date stated above, at 8 a— m.

The CAUSE OF DEATH* was as follows:

Cortis-Vascular Dis.- (Chronic) following Rheumatism

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cortico Block - (Chronic)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual —

(Signed) Frank A Bressler, M. D.

4/9, 1925 (Address) 125 W Preston —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery. DATE OF BURIAL 4/11 1925

20 UNDERTAKER George J. Ruth ADDRESS 1235 Harford Ave.

Spec—12-23-21—E.B.F.S.—400 Bks.

D 97252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

T 47

D 97252

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 9-7 Ward)

Registered No.

2-FULL NAME Dr. Mary Philippa (Mary Evans)

(If death occurred in a hospital or institution, give Its NAME Instead of street and number.)

(a) Residence No. Glen Riddle Pa. St. Ward.
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 67 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher

(b) General nature of Industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), New York

PARENTS

10-NAME OF FATHER, Wm. Kelly

11-BIRTHPLACE OF FATHER (city or town) (State or Country), No Km

12-MAIDEN NAME OF MOTHER, No Km

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), No Km

14-Informant Friends of Deceased

(Address) Carlin & Elsie Sts

15-APR 10 1925 [illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 8 1925

17. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1924 to April 8, 1925 that I last saw h[illegible] alive on April 8 1925 and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis - Chr. Nephritis - Carcinoma Breast (4).
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Tyler M. D.

. 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Redeemer Cemetery	Apr 11, 19 25
20-UNDERTAKER	ADDRESS
Henry Wood Son	1301 E Eager St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97253

CERTIFICATE OF DEATH.

100-001 D 97253

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Calvin ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Johnson

(a) RESIDENCE NO. 302 Calvin ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Ida Johnson, April. 1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Bureau Child Welfare, (Address) Health Department.

15 APR 10 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1925.

17 I HEREBY CERTIFY, That I attended deceased from birth, 19 . to April 9, 1925. that I last saw him alive on April 9, 1925, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Rickets. Tetany

(duration) 0 yrs. 4(?) mos 0 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) William H. F. Wartheu, M. D.

(Address) Health Dept., Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County

DATE OF BURIAL 4/11/25 1925

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97254

CERTIFICATE OF DEATH.

57

D 97254

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 585 Pressman ST.: 11-1 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Brown

(a) RESIDENCE. No. 1201 Brevard ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 45yr — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): None of homework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Jas. H. Brown 585 Pressman st

APR 10 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 7th, 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 4th, 1925, to Apr. 7, 1925, that I last saw h[illegible] alive on Apr 7th, 1925, and that death occurred, on the date stated above, at 9.10 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

CONTRIBUTORY (Secondary) General debility or Menopause (duration) yrs. mos. 1 5 ds.

(duration) yrs. 15 mos. ds.

18 Where was disease contracted if not at place of death? 1201 Brevard st

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine

(Signed) D. Paul Holt, M. D.

, 19 (Address) 3521 W. Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	April 11 1925
20 UNDERTAKER	ADDRESS
Mitchell H. Bailey	1721 Jefferson

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97255

CERTIFICATE OF DEATH.

+109-002

D 97255

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST.: 9-7 WARD

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Aubrey Conaway

(a) RESIDENCE. No Woodbine, Maryland ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 6, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student HSD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER C A. Conaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida B. Pickett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant C. A. Conaway
(Address) Maryland

15 APR 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1925, to April 9, 1925, that I last saw him alive on April 9, 1925, and that death occurred, on the date stated above, at 11:10 p m.

The CAUSE OF DEATH* was as follows:

Septic Sore Throat

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Tracheotomy Date of (4/9/25)

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Myron G. Tull, M. D.

4/10 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ebenezer Cemetery, Linthicum Heights Md.	Apr. 12, 1925

20 UNDERTAKER C. M. Duff & Son

ADDRESS Hanover, Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97256

CERTIFICATE OF DEATH.

100-001

D 97256

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Gough ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Lenz

(a) RESIDENCE NO. 2229 Gough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena Lenz

6 DATE OF BIRTH (month, day, and year) July 6. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER August Lenz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rachel Mahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Johanna D. Lynch 7229 Gough St

FILED APR 10 1925 ROBERT R. KRAMER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1925

17 I HEREBY CERTIFY, That I attended deceased from April 7 1925 to April 7 1925 that I last saw h— live on April 7 1925 and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia-Acute

(duration) 2 yrs. 4 mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Dr. A. Brager M. D.

19 (Address) 125 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[redacted] Lawn Cemetery	April 11 1925
20 UNDERTAKER	ADDRESS
H. Sander Sons	1710 Eutaw St

FRONT Very Important! See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97257

CERTIFICATE OF DEATH. 61-002

D 97257

1-PLACE OF DEATH Church Home + Infirmary Registered No.....

City of BALTIMORE. (No.) 1900 Eutaw St., (Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolph L. Mengel

(a) Residence No. 5236 Park Heights Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr 18, 1925

7-AGE. ....yrs. ....mos. 1½ ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS

10-NAME OF FATHER Adolph L. Mengel

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto

12-MAIDEN NAME OF MOTHER Liona Hain

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto. Co.

14- (Informant) Adolph L. Mengel
(Address) 5236 Park Heights Ave

15- ROBERT R. KRAUTER,
Filed APR 10 1925 192. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/9/25

17- I HEREBY CERTIFY, That I attended deceased from 4/8 — 9:30 AM, 1925 to 4/9 — 10 PM 1925, that I last saw her alive on April 9 1925, and that death occurred, on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
.....
.....
.....
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Org. heart + prostate dis. (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Ventricular puncture?
Did an operation precede death? Yes Date of 4/9/25
Was there an autopsy? Yes Clinical findings
What test confirmed diagnosis?
(Signed) L. W. Saunders M. D
, 19 (Address) Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Co.	4/11/25 19
20-UNDERTAKER Geo. V. Tittle	ADDRESS Edmondson Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97258

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97258

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 400 N. Fulton Ave St., 70-5 Ward

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Durham

(a) Residence No. Home for the aged of the M.E. St. Church Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6-DATE OF BIRTH (month, day and year) Nov 30 - 1848

7-AGE. 76 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS

10-NAME OF FATHER, Samuel Durham

11-BIRTHPLACE OF FATHER (city or town) (State or Country), France

12-MAIDEN NAME OF MOTHER, Catherine Stricklen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14-

(Informant) Geo. C. Shannon

(Address) 700 Fulton Ave

15-

Filed APR 10 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 10. 1925

17- I HEREBY CERTIFY, That I attended deceased from March 30, 1925 to April 10 1925

that I last saw h.e.r alive on April 9 1925

and that death occurred, on the date stated above, at 7.45 a m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs 6 mos ✓ ds

CONTRIBUTORY (Secondary) Apoplexy

(Duration) 1 yrs ✓ mos 2 ds

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) George C. Shannon M. D

19 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hamden	April 11 1925
20-UNDERTAKER	ADDRESS
George J Smith	Hollins 153

S.A.F.

DAK

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97259

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 632 Pitcher St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Brace

(a) Residence No. 632 Pitcher St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-Sex: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Celestine Brace

6-DATE OF BIRTH (month, day and year): July 8, 1883

7-AGE. 41 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work: Longshoreman 074

(b) General nature of industry, business, or establishment in which employed (or employer): Shipbuilding

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: James Brace

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Maria Hankins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14-

(Informant): Celestine Brace

(Address): 632 Pitcher St

15-APR 10 1925 ROBERT R. KRAUTER, Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 8, 1925

17-I HEREBY CERTIFY, That I attended deceased from April 1925 to April 8 1925

that I last saw him alive on April 8 1925

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test of confirmed diagnosis? P. Gabel Chrystal

(Signed) P. Gabel Chrystal M. D.

April 9, 1925 (Address) 1534 E. N. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-BURIAL, REMOVAL OR CREMATION: Greenmount Chapel Cabinet 60 Imp

DATE OF BURIAL: April 11 1925

20-UNDERTAKER: George L. A. Gilson

ADDRESS: 1733 Orleans Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97260

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 - Garrison Blvd ST.; - 15 - 1 WARD)

2-FULL NAME Bertha Elizabeth Trieb.

(a) RESIDENCE. No. 3705 Garrison ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 26-1900

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	24	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse.-before married

(b) General nature of industry, business, or establishment in which employed (or employer) none recently

(c) Name of employer — 0-37

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Paul Bilbo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mr Carl Trieb
(Address) 3705 Garrison

15 Filed ..... KUEHN R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr-9 1925

17 I HEREBY CERTIFY, That I attended deceased from July-1- 1924, to Apr-9- 1925, that I last saw her alive on Apr 8. 1925, and that death occurred, on the date stated above, at 9.9. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Chronic (duration) 3. yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical & Microscopic

What test confirmed diagnosis?

(Signed) Wesley Cole M. D.

4/9. 1925 (Address) 2702 Gorsuch -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	4/11/25 19

20 UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97261

CERTIFICATE OF DEATH.

91-002

D 97261

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Bond ST.: 8 — WARD) 8-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Nash

(a) RESIDENCE. No. 1414 N. Bond ST., 8 — WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Installment

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Louis Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Jane Guthridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. J. J. Nash
(Address) 1414 N. Bond st.

15 Filed APR 10 1925 19 ROBERT R. KRAMER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 7 — 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1922, to April 7, 1925, that I last saw him alive on April 7, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis
No hemorage

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Edwin B. Fenby, M. D.

4/9/1925 (Address) 1223 N. Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	4/10/1925

20 UNDERTAKER ADDRESS

E. J. Fleming 1 mo - 1938 E. Lafayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97262

CERTIFICATE OF DEATH.

31 D 97262

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. Seventh St. ST., 26 WARD) 26-6

2-FULL NAME Elsie Elizabeth Schumacher.

(a) RESIDENCE NO. 714 S. Seventh ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? 42 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schumacher.

6 DATE OF BIRTH (month, day, and year) July 23 - 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Rauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Schumacher.

(Address) 714 S. Seventh St

15 APR 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to April 8, 1925, that I last saw her alive on April 8, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs.

(duration) 3 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? ... Date of ...

Was there an autopsy? No -

What test confirmed diagnosis? Clinical

(Signed) Edel A. Kelly, M. D.

4/9, 1925 (Address) 100 S Gilt Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL April 11 1925

20 UNDERTAKER Lilly and Zeile ADDRESS 403 S Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

97263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 D 97263
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 13-6 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Fema Cooper

(a) RESIDENCE NO. 2454 Callow Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? 33 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Cooper

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Cooper
(Address) 2454 Callow ave

15 APR 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/4/25, 19..., to 4/10/25, 19..., that I last saw h er alive on 4/10/25, 19..., and that death occurred, on the date stated above, at 2-14 m.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
Myocardial disease

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson, M. D.
4/10, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave — DATE OF BURIAL 4/10 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto st

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97264

CERTIFICATE OF DEATH.

D 97264

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Sterling ST.; 10 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Yancey

(Residence in Baltimore: No. 709 Sterling St.; 10 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M | 4-COLOR OR RACE, B | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ..., 1869. (Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: labor
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Yancey

(Address) 709 Sterling st

15- APR 10 1925 ROBERT R. KRAUTER, Registrar.
Filed ....., 191.... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 9 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1925, to Apr 8 1925, that I saw h[e] alive on Apr 8 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) acute bronchitis

(Duration) yrs. mos. 14 ds.

(Signed) A. L. Hornstein M. D.

4/9, 1925 (Address) 733 Augusta st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery | DATE OF BURIAL, April 11, 1925

20-UNDERTAKER Edward Bryan | ADDRESS 1631 Carlton st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97265

D 97265

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 4205 Penhurst Ave WARD 28-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Edwin Brewer

(a) RESIDENCE NO. 4205 Penhurst Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella McPhail Brewer

6 DATE OF BIRTH (month, day, and year) July 11, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Freight Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R. 013

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Dr. Wm. Brewer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Rawlings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. Wm. Brewer

(Address) 4205 Penhurst Ave

15 1 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8. 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1924, to April 8, 1925,

that I last saw h alive on April 8, 1925,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Bright's Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos. E. Wilson, M. D.

, 19 (Address) 3 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	April 11 1925

20 UNDERTAKER Wm. J. Becker & Sons ADDRESS Norfolk Va

Spec.—1-10-21—M&T—1500 Bks.

(D 97266

HEALTH DEPARTMENT—CITY OF BALTIMORE

97266

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Edmondson Ave WARD) 16-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Theresa Brandy

(a) RESIDENCE NO. 914 Edmondson Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28 ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER Michael Brandy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary A. Stafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mr. Jos. F. Brandy

(Address) 914 Edmondson Ave.

15 Robert F. Harrison

APR 11 1925

Registrar.

Buried Forest Park

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl. 9 1925

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to April 9, 1925

that I last saw her alive on April 9, 1925

and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia Chronic

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) V. Van Williams M. D.

, 19 (Address) 901 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Apl 13 1925
20 UNDERTAKER	ADDRESS
Wm. J. Tickner & Sons	North Ave

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97267

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97267

CERTIFICATE OF DEATH.

15-24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Copley Road St., 15 Ward)

2-FULL NAME Helen Maude Kirk

(a) RESIDENCE NO. 3602 Copley Road St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 13 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Dr. E. K. Kirk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary E. Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs H. Linn Worthington

(Address) 3602 Copley Road

15 Date received APR 11 1925 Registrar Robert P. Harrison

Burial Permit issued:

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 1st. 1924 to Apr 9th 1925

that I last saw h[illegible] alive on Apr 9th 1925

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
Pulmonary Oedema

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Gallbladder Trouble Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Symington, M. D.

1925 (Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rising Sun - Md	Apr 11 1925
20 UNDERTAKER Wm J. McKnew & Sons	ADDRESS North Ave & Pa

FROM IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

(Blackwell)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97268 D 97268

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Ellwood ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie White Blackwell

(a) RESIDENCE NO. 122 Ellwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph O. Blackwell

6 DATE OF BIRTH (month, day, and year) March 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md. Dorchester

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maggie Brenagan (Address) 122 Ellwood Ave

Filed APR 11 1925, 19 Robert F. Garrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18th 1925, to April 8th 1925, that I last saw h[illegible] alive on April 7th 1925, and that death occurred, on the date stated above at 4 P.M., m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 74 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	4/11 1925
20 UNDERTAKER Samuel F. Kinsley	ADDRESS 78 Mt Odde

FROM IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97269 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97269

CERTIFICATE OF DEATH. 44

1-PLACE OF DEATH

City of BALTIMORE. (No. St. Joseph's Hosp St., 11-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellsworth Hawkins

(a) Residence No. 408 W. Delphin st St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, Widower or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 31, 1873

7-AGE. 51 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Elizabeth Dent

(Address) 11402 Penna Ave

15- Filed 1-1 1925 192 Robert F. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 8 25

17- I HEREBY CERTIFY, That I attended deceased from March 27 1925 to April 8 1925 that I last saw him alive on April 8 1925 and that death occurred, on the date stated above, at 10 45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pylorus and duodenum

(Duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) G. D. Sybert M. D.

. 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem DATE OF BURIAL. 4/11, 1925

20-UNDERTAKER Samuel D. Kennedy ADDRESS 538 N. Eutaw St.

Burial Permit Clerk

Spec– 12-23-2 | – E.B.R.S.—400 Bks.

D 97270 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 97270

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary — 164 — Registered No. 17-1

City of BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Parker Dunderdale

(a) Residence No. Mt Royal Hotel Balto Md St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) Widower

5a-If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or) WIFE of Cleaveland F. Dunderdale

6-DATE OF BIRTH (month, day and year) March 6th 1842

7-AGE. 83 yrs. 1 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Long Island N Y

PARENTS:
10-NAME OF FATHER, James Parker
11-BIRTHPLACE OF FATHER (city or town) (State or Country), New Jersey
12-MAIDEN NAME OF MOTHER, Anna Forbes
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New Jersey

14- (Informant) Mrs Walter Coppersmith
(Address) 105 W 29th St

15- Filed 11 1925 Robert P. Harrison, 192 ... Registrar.
~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 17 1924 to April 10 1925 that I last saw h.e.r. alive on April 10, 1925 and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:
Infirmities of old age
and General Asthenia
(Duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) L. W. Saunders M. D
, 19 (Address) Church Home

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Grace Church Cem Elkridge — DATE OF BURIAL: April 11th, 1925

20-UNDERTAKER: Geo W Jenkins & Son — ADDRESS: Cathedral & Mc Collohs St

D 9727F

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 9727F

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Cor. Lexington & Holliday St.: 5-1 WARD) REGISTERED No. C

2-FULL NAME Wm. F. Thomas

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 100 N. Front St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ..., 1845
(Month) (Day) (Year)

7-AGE, 80 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manf. Indiana
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Thomas

(Address) 1634 10 St Oakland

15-

Filed ....., 191.....

Robert P. Harrison, Registrar.

Official Detroit Clerk

1 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 8, 1912
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. dis. heart

Dropsy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

Apr. 10, 1912 (Address) 41 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Com	April 11, 1912
20-UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97272 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97272

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1115 Carroll St St., 21-W Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Lee

(a) Residence No. 1115 Carroll St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary A. McDermott

6-DATE OF BIRTH (month, day and year) March 17th.

7-AGE. 75 yrs. mos. 22 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor. 040

(b) General nature of industry, business, or establishment in which employed (or employer) City of Balto.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER, John Lee.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER, Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland.

14- (Informant) Miss Agnes Lee

(Address) 1115 Carroll St.

15- Filed 4-11 1925 192 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 8th 1925.

17- I HEREBY CERTIFY, That I attended deceased from March 25 1925 to April 8 1925 that I last saw h~~e~~ alive on April 8 1925 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 13 ds

CONTRIBUTORY (Secondary) Explanation

(Duration) yrs. mos. 2 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically.

(Signed) R. L. Cumpston M. D.

April 9 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	April 11 1925.
20-UNDERTAKER John F. Gorman & Son.	ADDRESS
J. Elof Hawsen.	901 Hollins St.

Spec.—1-10-21—M&T—1500 Bks.

D 97273

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 97273

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Ott

(a) RESIDENCE NO. 528 S Kenwood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Kate Elizabeth Ott.

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: wood worker

(b) General nature of industry, business, or establishment in which employed (or employer): 014

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Ott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Ott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Municipal Hospital Records. (Address)

15 Filed 11 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8 1925

17

I HEREBY CERTIFY, That I attended deceased from April 7, 1925 to April 8, 1925

that I last saw him alive on April 8, 1925

and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Chronic myocarditis, myocardial failure

(duration) 1 yrs. (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory.

(Signed) W. L. Muller, M. D.

4/9/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Apr 13 1925
20 UNDERTAKER	ADDRESS
Geo Christian Muller	2534 Jeffers St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital 6-1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Rice

(a) RESIDENCE NO. 1505 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	69 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Pete Jackson

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Donna Lynch

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed ..... 19 .....

Registrar

1 1 1925

Robert T. Mitchell,
Chief Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1925

17

I HEREBY CERTIFY, That I attended deceased from March 12 1925 to April 10 1925,
that I last saw h alive on April 10 1925,
and that death occurred, on the date stated above, at 109 m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis, chronic myocarditis, auricular fibrillation myocardial failure 7 (history)
(duration) yrs. mos

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W E Miller. M. D.

4/9. 25 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Locust County — DATE OF BURIAL April 11 1925

20 UNDERTAKER Preston S White — ADDRESS 12 E madison St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HOLDEN

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97275

CERTIFICATE OF DEATH.

15-5 129 D 97275

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. J. Fred Holden

(a) RESIDENCE NO. 2309 Roslyn Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of Jennie Holden

6 DATE OF BIRTH (month, day, and year) May 25 1866

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Church Hill (State or country) Maryland

PARENTS

10 NAME OF FATHER John Holden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Jean Mahood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware.

14 Informant Mrs Jeanne E Holden

(Address) 2309 Roslyn Ave

15 Filed ..... 19 Robert P. Harrison, Registrar

11 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4 1925, to April 10 1925, that I last saw him alive on April 10 1925, and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(Coronary Embolism)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis with Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry W. Filer, M. D.

Apl 10, 1925 (Address) 1315 Park Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Church Hill Md

DATE OF BURIAL APR 13 1925

20 UNDERTAKER Robert S. Sitler

ADDRESS 2700 EDMONDSON AVE.

FROM BACK OF CERTIFICATE. SEE IMPORTANT INSTRUCTIONS ON

Spec.—1-10-21—M&T—1500 Bks.

D 97276

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97276

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 26-7 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hopper

(a) RESIDENCE NO. Bay View Asylum ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1832

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Martin Hopps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

Robert F. Harrison, Burial Permit Clerk

1 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to April 9, 1925, that I last saw h.. alive on April 8, 1925 and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis

myocardial failure

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no;

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller, M. D.

4/9, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Cross Trappe Rd. April 13 1925

20 UNDERTAKER — ADDRESS

Worrell & Lippert Inc 37 Slade

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97277 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97277

118-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S Albemarle ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. Deccrare

(a) RESIDENCE NO. 515 S Albemarle St WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 52. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of LeBorio Deccrare.

6 DATE OF BIRTH (month, day, and year) 1802.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Vincent Deccrare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Not Known 1/11 1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Tina. Deccrare

(Address) 515 S Albemarle St

15 1/11 1925 . 19 Robert P. Barrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/9 . 1925 . to 1/11 . 1925 . that I last saw h alive on 1/11 . 1925 . and that death occurred, on the date stated above, at 6 19 m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Reported to be

Did an operation precede death? Date of Stated upon

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Wenderson M. D.

(Address) 1 E 39 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Francis Cem — DATE OF BURIAL April 15 1925

20 UNDERTAKER Wendell Hopp & Son — ADDRESS 37 Lan

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97278

CERTIFICATE OF DEATH.

D 97278

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 735 St Peter St. 21-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle Lee

(a) RESIDENCE NO. 735 St Peter St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ✓ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Lee

6 DATE OF BIRTH (month, day, and year) May 26 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dance-Hall

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Jack Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Isabel Barker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant (Address) 735 St Peter St.

15 1 1 1925 . 19 Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 9 1925, to Dec 1 1925.

that I last saw her alive on Dec 1 1925.

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Bowerman M. D.

1925 (Address) 1 E Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Dec 5 1925
20 UNDERTAKER	ADDRESS
E. Lehmann & Son	1034 Pennsylvania Ave

FROM EVERY important SEE INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97279

CERTIFICATE OF DEATH.

101-D 97279

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Gen'l Hospital (STA.) 23 (WARD) 2

REGISTERED NO. 101-D 97279

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~MARY~~ Mrs Elizabeth Caldwell

(a) RESIDENCE NO. 13 E. Ostend ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	MARRIED

5a If married, widowed, or divorced (Husband) of (or) WIFE of Robert Caldwell

6 DATE OF BIRTH (month, day, and year) Aug 28th 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	31	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) BALTIMORE Md

PARENTS

10 NAME OF FATHER Wm Kinsley

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTO Md

12 MAIDEN NAME OF MOTHER Lollie Shurlock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) BALTO MD.

14 Informant Robert M. Caldwell
(Address) 13 E Ostend St

15 4 11 1925 . 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 6, 1925, to Apr 9, 1925, that I last saw her alive on Apr 9, 1925 and that death occurred, on the date stated above, at 4 32 a m.

The CAUSE OF DEATH* was as follows:

Pneumania following
Ether administration
Labor

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) operation for ureteral Calculus (duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? Yes Date of 4/7/25

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed) Wm Stiffler, M. D.

4/9, 1925 (Address) 1219 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	April 11 1925
20 UNDERTAKER	ADDRESS
E Schlomanson	Hanover

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97280

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1379 Woodyear ST., 15-13 WARD)

REGISTERED NO. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Eliza Holland

(a) RESIDENCE No. 1379 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Holland

6 DATE OF BIRTH (month, day, and year) 18[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Maryland

14 Informant (Address) Theodore Holland 1379 Woodyear St.

15 Filed ... 19 Robert T. Harrison, Registrar

Burial Permit Clerk.

R 11 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from April. 6 .1925. to April 10 .1925. that I last saw her alive on April 10, .1925. and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Uremic poisoning

(duration) yrs. mos 7 ds.

Cardio — Nephritis

CONTRIBUTORY (Secondary) (duration) One yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Harper P. Saunders, M. D.

. 19 (Address) 1123 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Calvert Co Md Plum Point Church	April 14th 1925
20 UNDERTAKER	ADDRESS
Samuel E. Wright	1264 W. Lanvale St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97281

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 300 – 23½ St., 17 – 4 Ward) 10/901

Registered No.

2-FULL NAME Bennett Emory

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 300 – 23½ St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. col

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 6, 1924

7-AGE. yrs. 8 mos. 7 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Zebbie Emory

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Deales Md

12-MAIDEN NAME OF MOTHER. Lottie Dorsey

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Baltimore Md

14- (Informant) Zebbie Emory (Address) 300. E 23½ St

15- 11 1925 19 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 4 19 25 to April 10 19 25 that I last saw h[illegible] alive on April 9 19 25 and that death occurred, on the date stated above, at 6:40 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. A. Johnson M. D.

4 10, 19 25 (Address) 211 E 20 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn — DATE OF BURIAL. April 11, 1925

20-UNDERTAKER. Jam W Case Sons — ADDRESS Hoo Mechanic

D 97282

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97282

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Colonial Hospital St. 16 Ward 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer S. M. Cosmich

(Residence in Baltimore: No. 1112 N. Monroe St. St.; yrs. 68 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. March 31 (Month) (Day) 1857 (Year)

7-AGE.	If LESS than 1 day,
68 yrs. 10 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R.R.

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS:
10-NAME OF FATHER: Wm. M. Cosmich
11-BIRTHPLACE OF FATHER, (State or Country): Ireland
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER, (State or Country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Mary E. McCosmich
(Address) 1112 N. Monroe St

15- 1-1 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

1 hr.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) automobile accident

(Duration) yrs. mos. ds.

(Signed) J. J. T. Hennessy M. D.
(Coroner.)
April 10, 1925 (Address) 502 Equitable Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	April 13 1925

20-UNDERTAKER	ADDRESS
Wm Cook	502 E. Mallory Bldg

Spec.—1-10-21—M&T—1500 Blks.

D 97283 / 17907

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97283

CERTIFICATE OF DEATH

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 1 ST., WARD) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Claudia Dicks

(a) RESIDENCE No. 316 Washington St ST. Hughwards Point, N. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) —1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER Robert Dicks

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER Mary Simon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address) John Hopkins Hospital

Filed April 1, 1925, 19 ... Robert F. Barnes Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to April 10, 1925, that I last saw her alive on April 10, 1925, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Septicaemia, Strep. Viridans

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture

(Signed) R. Hooper Smith M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: April 11, 1925

20 UNDERTAKER: Stewart Homer Company — ADDRESS: 108 W. Hoffman

Spec.—1-12 23—M&T—500 Blks.

D 97284

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97284

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3998 Roland ST. 13-4 WARD

2-FULL NAME Marill Price

(a) RESIDENCE No. 3998 Roland Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9 1925

7 AGE: Years ✓ Months ✓ Days ✓ If LESS than 1 day, 4 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Arche Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Grace C. Killroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Arche Price 3998 Roland Ave

15 Filed Apr 11 1925 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1925

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1925, to April 9, 1925

that I last saw him alive on April 9, 1925

and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos 7 hours

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 hrs.

18 Where was disease contracted if not at place of death? ~~Yes~~

Did an operation precede death? ~~Yes~~ Date of ~~Yes~~

Was there an autopsy? ~~Yes~~

What test confirmed diagnosis? Autopsy & Exam

(Signed) J. M. Lemmon Jr. M. D.

, 19 (Address) 826 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hum'd

DATE OF BURIAL: Apl 11 1925

20 UNDERTAKER: Chenowith & Son

ADDRESS: 617 Chestnut

D 97285

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97285

CERTIFICATE OF DEATH.

89

9-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 1633 East 33rd St ..... St. ..... Registered No. C .....

2-FULL NAME Louis Beck

(Residence in Baltimore: No. 1633 East 33rd St ..... St.; yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	mar

6-DATE OF BIRTH. April 3-1873 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
52 yrs. 0 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Produce Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 045

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Francis Beck

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Maruerette Belair

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Madaleine Beck (wife)

(Address) 1633 East 33rd St

15-

APR 11 1925

192 Robert F. Harrison, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 8-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-Probably
Coronary Sclerosis
(History of Angina Pectoris)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Owen M. D. (Coroner.)

4-11-25 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Parkwood Cem.	April 12, 1925
20-UNDERTAKER. Philip Herwig	ADDRESS 2110 Orleans St.

Spec.—1-10-21—M&T—1500 Bks.

D 97286

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97286

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Straczynenski or Straczynski

(a) RESIDENCE No. 1100 N. Milton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	69 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) NKO

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Municipal Hospital Records

15 APR 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1925, to April 10, 1925, that I last saw him alive on April 10, 1925 and that death occurred, on the date stated above, at 12:05 Pm

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, residual of hemiplegia (cerebral hemorrhage)

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller M. D.

4/10/ 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus.

DATE OF BURIAL Apr. 14 1925

20 UNDERTAKER M. F. Sadowski.

ADDRESS 705 S. Ann

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97287

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97287

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1623 Wilkens Ave St., 14 Ward) Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Ellwood Cook

(a) Residence No. 1623 Wilkens Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) August 2, 1924

7-AGE, yrs. 8 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm S. Cook

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Jennie W Coleman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Mrs Wm S Cook

(Address) 1623 Wilkens Ave

15- Filed 1925 Robert P. Harrison, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 26 1925, to April 8 1925, that I last saw him alive on April 8 1925, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. O'Neill M. D.

4/9, 1925 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, April 21, 1925

20-UNDERTAKER, Harry H. Weitzel ADDRESS 1531 W Lombard St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97288 D 97288

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 6-1 WARD)

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Boone

(a) RESIDENCE No. 227 N. Dallas ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Joshua Boone

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Isabella Hall

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed 11 1925, 19 ... Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to April 9, 1925, that I last saw him alive on April 9, 1925 and that death occurred, on the date stated above, at 5:15P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension, Chronic Myocarditis, Myocardial failure

(duration) ... yrs. 4 (History) mos ... ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Muller., M. D.

4/10, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL April 11 1925

20 UNDERTAKER Mrs Ida Snowden — ADDRESS 725 Eastland Ave

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97289

D 97289

CERTIFICATE OF DEATH.

10-90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... William Hennelly

(a) Residence No... Paulson & Valley St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, Widowed, ~~or Divorced.~~ (Write the word.) W. Some

5a-If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Lizzie Murphy

6-DATE OF BIRTH (month, day and year)

7-AGE, ...60..yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Malachi Hennelly

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country),

12-MAIDEN NAME OF MOTHER, Bridget Delaney

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country),

14- (Informant)..... Sister Superior

(Address)..... Paulson & Valley

15- Filed ..... 19.. Robert F. Harrison Registrar.

11 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 10 25

17- I HEREBY CERTIFY, That I attended deceased from No record ....., 19....., to ....., 19.....

that I last saw h.im alive on... April 8 ....., 19 25,

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

..... Chronic myocarditis

..... Uremia (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration)..... yrs..... mos..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

April 11, 1925 (Signed) F. A. Warner, M. D.

(Address) 1103 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	19 25
20-UNDERTAKER,	ADDRESS
W. C. Wachsteld & Son	Greenmount Ave

Burial Permit (Part 1)

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97290

CERTIFICATE OF DEATH.

D 97290

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 E. Woodland Ave. ST. 27 Irvington 31 WARD 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Leah Pyland

(a) RESIDENCE. NO. 31 E. Woodland Ave. ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Owens R. Pyland

6 DATE OF BIRTH (month, day, and year): June 29- 1889

7 AGE: Years 35 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10 NAME OF FATHER: McLane Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind

12 MAIDEN NAME OF MOTHER: Alevia Dayton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Owens R. Pyland 31 Woodland Ave.

15 Filed . 19 . Registrar: Robert F. Harrison

11 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl. 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9 1925 to Apl. 8 1925 that I last saw her alive on Apl. 7 1925 and that death occurred, on the date stated above, at 7.55 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis, both lungs

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. R. Johnson, M. D.

4/8 1925 (Address) 3928 Park Hts Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Apr. 11- 1925

20 UNDERTAKER: George L. Schwab — ADDRESS: 2101 Eutaw Pl.

Spec. 1-10-21 M&T 1500 Blks.

D 97291 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97291

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH Univ. Hospital. REGISTERED NO. 4-1

CITY OF BALTIMORE: (No. Lombard & Emme ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. H. Krueger

(a) RESIDENCE NO. East New Market ST., WARD 2nd
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Krueger

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Ferdinand Krueger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hosp. Records
(Address)

15 Filed APR 11 1925 H. Ahl Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/30, 1925, to 4/10, 1925, that I last saw h[illegible] alive on 4/10/, 1925, and that death occurred, on the date stated above, at 3 00 P m.

The CAUSE OF DEATH* was as follows:

Pyo-Hydro-Nephrosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 4/9/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Edwards, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge, Md	4-11 1925

20 UNDERTAKER E & B Hearle ADDRESS 116 E Lost St

Spec.—12-23-21—E.B.R.S.—400 Bks.

D 97292

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97292

111-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph S. Aaron

(a) Residence No. 2433 Maryland Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Julia D. Aaron

6-DATE OF BIRTH (month, day and year) Sept 3 1891

7-AGE. 33 yrs. 7 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 009

(b) General nature of Industry, business, or establishment in which employed (or employer) Postal Clerk

(c) Name of employer Post

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER, Samuel Aaron

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER, Alice M. Brennan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Penna

14-

(Informant) James Dunne.

(Address) 1631 N. Caroline St.

15-

Filed 11 1925

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/9/25

17- I HEREBY CERTIFY, That I attended deceased from 3/5/25 19 to 4/9/25 19

that I last saw h alive on 4/9/25 19

and (that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows: Ruptured Gastric Ulcer

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Peritonitis

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death? Drainage Home

Did an operation precede death? No Date of 3/5/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Kelly M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/13-25 19

20-UNDERTAKER. Chas F. Evans

ADDRESS How 118 W. Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97293

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97293

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Municipal Hospital 2 Bay View

CITY OF BALTIMORE: (No. Bay View Hospital St., Ward) 193

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Avery

(a) RESIDENCE NO. 810 Pedrick alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Saint Catherines

PARENTS

10 NAME OF FATHER Cooper Avery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Bay View Hosp Records

15 Filed 4/11 1925, 19 Robert P. Harrison Registrar

Burial Permit Clerk.

(P.S.37)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 2/24/ 1925, to 4/8 1925

that I last saw h[illegible] alive on 4/8 1925

and that death occurred, on the date stated above, at 9 00 P.m.

The CAUSE OF DEATH* was as follows:

Front left gangrene
Op foot and Op knee

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Laboratory

(Signed) Arnold K. Jensen M. D.

4/10, 192[illegible] (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

UNIVERSITY OF MARYLAND.

20 UNDERTAKER — ADDRESS

Commissioner Health

APR 11 1925

TION IS very important. See instructions on

S·A·F

O D A K

Spec.—8-2 [illegible]—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97294

CERTIFICATE OF DEATH.

179

D 97294

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 679 Sarah Ann ST.; 4 WARD.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Hall.

(Residence in Baltimore: No. 679 Sarah Ann St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
F	C	Married

6-DATE OF BIRTH, ..., 1874
(Month) (Day) (Year)

7-AGE, 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Andrew Comings.

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Sarah Green.

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss [illegible] Hall

(Address) Catonville Md

15- Apr 1 1925, Robert P. Harrison, 191..... Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1925, to Apr 9 1925, that I saw her alive on Apr 8 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Exposure + Alcoholic intoxication (Duration) ? yrs. ? mos. ? ds.

(Signed) M. L. Hughes M. D.

4/9, 1925. (Address) 637 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Catonsville DATE OF BURIAL, April 12, 1925

20-UNDERTAKER Leonard Whalen ADDRESS 673 Saratoga St

Spec.—1-10-25—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97295

CERTIFICATE OF DEATH.

4 129 D 97295

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Genl Hosp. St.) WARD 4-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM C. HEDRICK

(a) RESIDENCE NO. 13. E. FRANKLIN ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	WHITE	MARRIED

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of EVA HEDRICKS

6 DATE OF BIRTH (month, day, and year) JAN 14 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work SALESMAN 066

(b) General nature of industry, business, or establishment in which employed (or employer) STOCKS & BONDS

(c) Name of employer ASPEN SMELTING CO ASPEN COLORADO -

9 BIRTHPLACE (city or town) (State or country) PENNA.

PARENTS

10 NAME OF FATHER LAWRENCE HEDRICKS

11 BIRTHPLACE OF FATHER (city or town) (State or country) PENNA

12 MAIDEN NAME OF MOTHER MARTHA WOODFIELD

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ALABAMA

14 Informant WM C HEDRICKS (Address) 13 E. FRANKLIN.

15 1 1 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APRIL 10 1925

17

I HEREBY CERTIFY, That I attended deceased from FEB 14, 1925, to APR 10, 1925, that I last saw him alive on APRIL 10, 1925 and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

CHRONIC MYOCARDITIS

CHRONIC BRIGHT'S DISEASE

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) ERYSIPELAS

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? YES Date of MAR. 30/25

Was there an autopsy? NO

What test confirmed diagnosis? SIGNS & SYMPTOMS

(Signed) J. W. Peterman, M. D.

, 19 (Address) 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	April 11 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Lyon

TION is Very Important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97296

CERTIFICATE OF DEATH.

44 D 97296

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., 4-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs D. Wong

(a) RESIDENCE NO. 208 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Mat	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) China
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Dr. L. J. Hill
(Address) 5425 Ginter Ave

15 Filed APR 11 1925, 19 Registrar Robert P. Harrison

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9/25

17 I HEREBY CERTIFY, That I attended deceased from April 3/25, 19 to April 9/25, 19, that I last saw her alive on April 9/25, 19, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Contributory (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? " Date of

Was there an autopsy? "

What test confirmed diagnosis? "

(Signed) Geo B Hill M. D.

April 10/25 (Address) 1203 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL April 12 1925

20 UNDERTAKER John O. Litschell ADDRESS 1201 W. Fayette St.

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97297

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No.) ST., 7-1 WARD) 84

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Knuppel

(a) RESIDENCE NO. ..... Brentwood, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., If of foreign birth? 40 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucie C Knuppel

6 DATE OF BIRTH (month, day, and year) Don't Know

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Germany.
(State or country)

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Lucie C Knuppel
(Address) 7240 Kelly Av. Brentwood Md

15 Filed ..... 19 ..... Registrar

R 11 1925 Robert F. Harrison
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 [illegible]

17 I HEREBY CERTIFY, That I attended deceased from 4/1 ..... 19 25 .. to 4/10 ..... 19 25.

that I last saw h[illegible] alive on 4/10 ..... 19 25

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

~~Tuberous Epilepsy~~
Cerebral Tumor

(duration) 5 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Isidor I. Fine, M. D.

April 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington Cedar Hill Cem[illegible] DATE OF BURIAL 19 25

20 UNDERTAKER W H Deal ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97298

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 D 97298

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St., Ward

Registered No. 7-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank A. Marshall

(a) Residence No. 520 N. Milton ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1859

7-AGE. 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS

10-NAME OF FATHER. Lewis Wm. Marshall

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Catherine Poehlman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed Robert P. Harrison, Registrar.

1-1025 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 22 1923 to April 9 1925

that I last saw him alive on April 9 1925

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Carcinoma of tongue (6 months)

(Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) J. D. White M. D.

4-10-, 1925 Address Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem. DATE OF BURIAL. Ap 13 1925

20-UNDERTAKER. John Ellis ADDRESS Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97299 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97299

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 S. 8th Street ST., 76-6 WARD 52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina. Dlugokenska

(a) RESIDENCE NO. 206 S. 8th Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 3 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Castel Penn.

PARENTS

10 NAME OF FATHER Zygmunt. Dlugokenski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances. Zulevicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Zygmunt. Dlugokenski

(Address) 206 S. 8th Street

15 Filed 11 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1925.

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1925. to April 11, 1925.

that I last saw her alive on April 11, 1925.

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cardio-renal

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pennsylvania

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? P. S. V. S.

(Signed) John J. Kiger, M. D.

, 19 (Address) 262 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	April 13 1925

20 UNDERTAKER John A. Weber ADDRESS 1803 Bank

FROM BACK OF CERTIFICATE. VERY IMPORTANT—See INSTRUCTIONS ON

Spec.—1-10-21—M&T—1500 Bks.

D 97300 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97300

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Fleet ST., 2 WARD 3) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence . Witkowwki

(a) RESIDENCE No. 2013 Fleet ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Lawrence . Witkowski

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian. Demski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Mrs. Lillian . Witkowski
(Address) 2013 Fleet Street

15 Filed APR 1 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 / 10 / 25 19

17 I HEREBY CERTIFY, That I attended deceased from 4-8 . 19 25 . to 4-10 . 19 25 .
that I last saw h[illegible] alive on 4-10 . 19 25 .
and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Malformation
Without Gangrene
Rectum - operated upon
Before. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of 4-10

Was there an autopsy? [illegible]

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.
19 (Address) 503 Walnut St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	April 11 19 25

20 UNDERTAKER John C. Weber ADDRESS 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

D 97301

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97301

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 S. Curley Street ST., WARD 1-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores. Dudzinski

(a) RESIDENCE NO. 1101S. Curley Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 23 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
		4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew. Dudzinski

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Genevie. Tyburski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14

Informant Mr. Andrew. Dudzinski

(Address) 1101 S. Curley Street

Filed APR 11 1925, 19 ... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10/25

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to April 10, 1925,

that I last saw her alive on April 10, 1925,

and that death occurred, on the date stated above, at 11 20 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace M. Tetlow M. D.

, 19 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	April 11 '25

20 UNDERTAKER John A Weber ADDRESS 1803 Bank

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97302

CERTIFICATE OF DEATH.

D 97302

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Greene STS. 4 WARD) 4-1

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina Weintraub

(a) RESIDENCE NO. 856 Fort Avenue ST., Curtis Bay WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Max Weintraub

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Poland

PARENTS

10 NAME OF FATHER Simon Meyer Brenner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Max Ben Weintraub
(Address) Curtis Bay, Md.

15 APR 12 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 11. 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 4. 1925, to Apr. 11. 1925.
that I last saw h.r alive on Apr. 11. 1925.
and that death occurred, on the date stated above, at 8.27 p.m.
The CAUSE OF DEATH* was as follows:
Pylorus obstruction

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Carcinoma.
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of Mar 6. 1925
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) M. Edwards. M. D.
, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsburg, Pa	4-14 1925

20 UNDERTAKER Jack Lewis, 1499 E. Balto. ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97303

CERTIFICATE OF DEATH.

90 D 97303

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1235 Mc Elderry St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Goldman

(a) Residence No. 1235 McElderry St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? 63 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 76 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Nail

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14- (Informant) Rebecca Duner

(Address) 212 Wolf st

15- APR 12 1925 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 10/25

17- I HEREBY CERTIFY, That I attended deceased from July 1 19 24 to Apr 10 19 25

that I last saw h.. alive on Apr 10 19 25

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Valvular Disease

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema 1

(Duration) ..... yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Moses Bulson M. D

4/11 1925 (Address) 6 S. Exeter St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL. Retreat Southern Ave

DATE OF BURIAL. 4/12 1925

20-UNDERTAKER. Sol Levinson & Bro

ADDRESS 1127 E Baltimore st

Burial Permit Issued

Spec.—8-24-14—M. & T.—2000 Blks.

D 97304

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. C D 97304

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4406 Main Ave ST.; 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E. Kiser

(Residence in Baltimore: No. 4406 Main Ave — St.; 76 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 16 (Day), 1849 (Year)

7-AGE, 61 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto - Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Foster

(Address) 4406 Main Ave

APR 12 1925, 191.... ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 3 1925, to Apr 10 1925, that I saw her alive on Apr 10 1925, and that death occurred, on the date stated above, at 3 20 P. m.

The CAUSE OF DEATH* was as follows:

1 Bronchopneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 7 yrs. ....mos. ....ds.

(Signed) M Bowman and Ward M. D.

Apr 11, 1925 (Address) 624 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 yrs. — mos. ....ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	April 13, 1925
20-UNDERTAKER George J. Smith	ADDRESS 532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

Sherbein

97305

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 97305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 W Hamburg St., 21-3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F Sherbein

(a) Residence No. 1124 W Hamburg St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 3, 1923

7-AGE. 1 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George H Sperlein

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Florence Burgo

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

11- (Informant) George H Sperlein

(Address) 1124 Hamburg St

15- Filed APR 12 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 10-1925

17- I HEREBY CERTIFY, That I attended deceased from April 6 1925 to April 10 1925

that I last saw h alive on April 10 1925

and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

L Smith

(Duration) yrs. mos. 3 4 ds

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

4/11, 1925 (Signed) Edw Crumpton M. D

(Address) 317 Fawn

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bonnie Brae	April 13, 1925
20-UNDERTAKER George J Smith	ADDRESS 153 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97306

CERTIFICATE OF DEATH.

D 97306

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Walnut ave (Hamilton) ST. 27 WARD 29)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Waesman

(Residence in Baltimore: No. Walnut ave (Hamilton) St.: 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, June 17, 1859 (Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): 62

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Bernhold Wassman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. Waesman.

(Address) Walnut ave. (Hamilton)

15-

APR 12 1925 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1925, to April 10 1925, that I saw h... alive on April 10 1925, and that death occurred, on the date stated above, at 12 ...m.

The CAUSE OF DEATH* was as follows:

Apoplexy Cerebral

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 4 yrs. ....mos. ....ds.

(Signed) Geo L Zimmerman M. D.

4/11, 1925 (Address) 2358 Westwood Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	April 13 1925
20-UNDERTAKER	ADDRESS
Henry Lutz	1203 Broadway

Spec.—1-12-23—M&T—500 Bks.

D 97307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25-290

D 97307

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25 WARD)

2-FULL NAME Sarah Benville

(a) RESIDENCE NO. St Agnes Hospital ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Benville

11 BIRTHPLACE OF FATHER (city or town) (State or country) do not know

12 MAIDEN NAME OF MOTHER do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Christiana Snyder

(Address) 1323 Hanford Road

15 APR 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 8th, 1925, to April 10th, 1925, that I last saw her alive on April 10th, 1925 and that death occurred, on the date stated above, at 2.10 PM

The CAUSE OF DEATH* was as follows:

Bronchopneumonia - Left -

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chr myocarditis arteriosclerosis - (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? St Agnes Hospital.

Did an operation precede death? no Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? yes

(Signed) Newman B Snyder M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Apr 13, 1925

20 UNDERTAKER Wm Tenk Son & Sons

ADDRESS E Monument

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97308

CERTIFICATE OF DEATH.

45 D 97308

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1144 Nanticoke St. WARD) 2

2-FULL NAME Charles P. Smokrona

(a) RESIDENCE NO. 1144 N Nanticoke St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionery

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Charles P. Smokrona

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Annie Clarke

(Address) 713 Warren Street

15 Filed APR 12 1925 ROYLE R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 10 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1 1925 to Apr 10 1925.

that I last saw him alive on Apr 10 1925.

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Duodenum

indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. Schlesinger M. D.

4/11 1925 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 4/13 1925

20 UNDERTAKER Wm Coots

ADDRESS 522 E Nor

Spec.—1-10-21—M&T—1500 Bks.

2937 N. Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97309

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

14 - 74 D 97309

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Argyle Ave ST., 14 WARD)

2-FULL NAME Charles H Diedrick

(a) RESIDENCE NO. 1512 Argyle Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Diedrick

6 DATE OF BIRTH (month, day, and year) Jan 27 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Church Sexton

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer Lafayette Sq.

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Diedrick

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mary E. Diedrick
(Address) 1512 Argyle Ave

15 Filed APR 2 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4th, 1925, to April 10, 1925, that I last saw him alive on April 10th, 1925, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) One hours

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Burrell Lango, M. D.

, 19 (Address) 2937 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
My Redeemer Cem	June 13 1925

20 UNDERTAKER	ADDRESS
Wm Cook	512 Eutaw

FROM IS VERY important. See instructions on back of Certificate.

Spec. 12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97310

CERTIFICATE OF DEATH.

D 97310

1-PLACE OF DEATH 1625 Hackerly Place

Registered No. 8-74

City of BALTIMORE: (No. 1625 Hackerly Place, Ward 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara L. Cuyers

(a) Residence No. 1625 Hackerly Place, Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, ~~or divorced~~ HUSBAND ~~of~~ (or) WIFE of John Cuyers

6-DATE OF BIRTH (month, day and year) Nov. 25 1862

7-AGE. 62 yrs. 4 mos. 15 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14-(Informant) Florence Cuyers

(Address) 1601 Hackerly Place

15-

Filed ..... 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 10 1925

17- I HEREBY CERTIFY, That I attended deceased from April 8 1925 to April 10 1925 that I last saw h[er] alive on April 10 1925 and that death occurred, on the date stated above, at 1.50 p. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac sclerosis

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical tests

(Signed) A. L. Macdonald M. D.

April 10, 1925 (Address) 1540 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL. April 13, 1925

20-UNDERTAKER. J. W. Cook — ADDRESS 502 Harlem

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 97311

97311

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 819 Hamilton Ter. WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Barry

(a) RESIDENCE NO. 819 Hamilton Ter St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or WIFE of

6 DATE OF BIRTH (month, day, and year) July - 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliza Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) 819 Hamilton Ter

15 APR 12 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 25th, 1925, to April 10th, 1925, that I last saw her alive on April 10th, 1925, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilitation

(duration) yrs. 1 mos 20 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Hypertension (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) William Twersick, M. D.

4/11, 1925 (Address) 1700 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 4/3 1926

20 UNDERTAKER J. H. Livingstone

ADDRESS 1918 Eutaw Pl

Spec.—1-10-23—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97312

CERTIFICATE OF DEATH.

74-901 ✓ D 97312

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N Aisquith St., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Watkins

(a) RESIDENCE NO. 207 N. Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write this word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. John Watkins

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 56? Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work.

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): John W Watkins (Husband) 207 N Aisquith st

APR 12 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 10 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to April 9, 1925, that I last saw her alive on April 8, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) mitral insufficiency and Hypertension 1 yr.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R D Eby M. D.

4/11 1925 (Address) 14 Ey E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bury Cemetery

DATE OF BURIAL: April 13 1925

20 UNDERTAKER: Edward Bryson

ADDRESS 1631 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97313 100-00 D 97313

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Gough ST., 2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Josephine Spinnato.

(a) RESIDENCE NO. 1734 Gough ST., 2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17th 1922

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
2	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Salvatore Spinnato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Assunta Caddalde

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant (Address) Salvatore Spinnato 1734 Gough St. (Father)

15 Filed APR 12 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to April 8, 1925, that I last saw her alive on April 8, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

General Septicemia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Empyema (Thoracic) and Pneumonia (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 18.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pennington, M. D.

19 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: April 13 25

UNDERTAKER: Lilly & Zeiler ADDRESS: 4038 Wash Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 D 97314

D 97314

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., 23-1 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Worch

(a) RESIDENCE No. 1217 Patapsco ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Worch.

6 DATE OF BIRTH (month, day, and year) Aug 7, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	7.	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. Worch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Catherine Meyers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Elz. Worch (wife) Hosp Records.

15 Filed ... 1925 ... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8 1925 to April 10th 1925, that I last saw h alive on April 10th 1925, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Louis E. Martin M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Am. — DATE OF BURIAL Apr. 13 1925

20 UNDERTAKER Margaret J. Flynn — ADDRESS 1717 Light

Spec.—1-10-21—M&T—1500 Bks.

D 97315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 97315

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 15-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Mazer

(a) RESIDENCE NO. 1520 N. Appleton ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rivkie Mazer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Mazer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rossier —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Mazer

(Address) 1500 N. Smallwood

15 Filed APR 12 1925 ROBERT R. KRAUTS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 8 , 19 25 , to April 11 , 19 25 ,

that I last saw him alive on April 11, , 19 25

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) ..... yrs. 11 mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isidore L. Fry, M. D.

April 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt. Carmel	4-12 1925

20 UNDERTAKER ..... ADDRESS Jack Lewis, 1439 E. Eden

Spec– 12-23-21–E.B.R.S.–400 Blks.

37316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-002

D 97316

1-PLACE OF DEATH

City of BALTIMORE: (No. 626 N. Fulton Ave St., 16-5 Ward) Registered No.

2-FULL NAME James Albert LeCuyer

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 626 N. Fulton Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6-DATE OF BIRTH (month, day and year) Jany 23-25

7-AGE. ✓ yrs. 2 mos. 18 ds. If LESS than 1 day, ✓ hrs. or ✓ min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. James A. LeCuyer.

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Ann I White

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Baltimore Md

11- (Informant) Geo. E. Shannon

(Address) 700 Fulton ave

15. APR 12 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 11 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 11. 1925 to April 11 1925 that I last saw h. alive on 19 and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Bronchitis Capillary

See note on back.

(Duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ✓ yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) George E. Shannon M. D

4/11, 1925 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Patricks St Denis Md. DATE OF BURIAL. April 12, 1925

20-UNDERTAKER. Kendall Hoppel Inc ADDRESS 37 Dean St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97317

CERTIFICATE OF DEATH.

D 97317

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S Mount ST.; 19-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susannah E. Thompson

(a) RESIDENCE. NO. 305 S Mount ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of James W Thompson

6 DATE OF BIRTH (month, day, and year) Nov. 17-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Balto. Md!

11 BIRTHPLACE OF FATHER (city or town) (State or country) James E. Buchanan

12 MAIDEN NAME OF MOTHER Lisa E. Fruthinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Charles A Bunce
(Address) 305 S Mount St.

APR 12 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1924, to April 10, 1925, that I last saw her alive on April 10, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? don't Know

Did an operation precede death? ✓ Date of —

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) B Hellen Hemming, M. D.

4/11, 1925 (Address) 2000 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harry A Wright 153 1/2 W	April 13 1925
20 UNDERTAKER	ADDRESS
London Park Cemetery	Loudon Park

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97318

CERTIFICATE OF DEATH.

D 97318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Tyson. ST.: 11-12 WARD.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Martin.

(Residence in Baltimore: No. 830 Tyson St.: 50 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F.

4-COLOR OR RACE, Col.

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Widowed

6-DATE OF BIRTH, unknown. (Month) (Day), 1850 (Year)

7-AGE, 74 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen'l House-Work.
(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), unknown.

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Easter.

(Address) 916 Pa ave

15- 4.2 1925 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1925. to March 9 1925. that I saw her alive on March 7 1925. and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile asthenia

(Duration) yrs. mos. ds.

(Signed) John C. Stansbury M. D.

April 10 1925 (Address) 1037 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem. DATE OF BURIAL. 4/12/1925 191

20-UNDERTAKER Dan'l Easter ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97319

CERTIFICATE OF DEATH.

90 D 97319

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Patapsco ST., 23-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anniel E. Kraft

(a) RESIDENCE NO. 1311 Patapsco St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Kraft

6 DATE OF BIRTH (month, day and year) Feb. 24 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work 037

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Rollman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Kraft

(Address) 1311 Patapsco St.

APR 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925, 19, to April 9, 19 25, that I last saw her alive on April 7, 1925, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

cardiac thrombosis

(duration) yrs. mos 5 mins ds.

CONTRIBUTORY (Secondary) valvular heart disease

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. F. Sweeney, M. D.

4/11, 1925 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL April 13 25

20 UNDERTAKER John F. Denny — ADDRESS 715 Leghs

Spec.—1-12-23—MAT—500 Blks.

D 97320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

D 97320

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3998 Roland Ave ST., 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matie Catherine Price

(a) RESIDENCE NO. 3998 Roland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single (child)

5a If married, widowed, or divorced HUSBAND of or) WIFE of child.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Three (3) days	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Archie K. Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER MARIE C. Kilroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Archie Price

(Address) 3998 Roland Ave

15 Filed APR 13 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 11 19 25

17

I HEREBY CERTIFY, That I attended deceased from Apr 9th, 19 25, to Apr 11, 19 25.

that I last saw her alive on Apr 10th, 19 25

and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Premature Birth.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. M. Templin, M. D.

(Address) 826 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden | DATE OF BURIAL Apl 13 19 25

20 UNDERTAKER Ehrenwerth & Son Cheatham Ave | ADDRESS 367

Spec.—1-10-21—M&T—1500 Bks.

D 97321

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 97321

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Queen

(a) RESIDENCE NO. 1028 N. Stockton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Municipal Hospital Records

(Address)

15. APR 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to April 9, 1925, that I last saw him alive on April 8, 1925 and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic Myocarditis, Myocardial failure

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. L. Miller, M. D.

4/9, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem

DATE OF BURIAL April 13 1925

20 UNDERTAKER Joseph A Farrell

ADDRESS 2319 Druid

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97322

CERTIFICATE OF DEATH.

12/9 D 97322

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3547 Rolandave ST., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret R Downey

(a) RESIDENCE No. 3547 Rolandave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F Downey

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Donaldson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs H L Snyder

(Address) 3547 Rolandave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 11th 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1924, to Apr. 11th, 1925, that I last saw h[e] alive on Apr. 10th, 1925, and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonalitis
Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) Geo. R. Elcock, M. D.

, 19 (Address) 2409 Med. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catonsville Md	Apr 13 1925
20 UNDERTAKER	ADDRESS
E Le Roy Stafflebach	125 E Mulberry Ave

Spec. 1-10-21 M&T 1500 Bks.

97323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 97323

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5216 Ivanhoe Ave., ST., Gorsuch 27-9 WARD

2-FULL NAME Charles Albert Leslie Kemp

(a) RESIDENCE No. 5216 Ivanhoe Ave., ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace E. Kemp

6 DATE OF BIRTH (month, day, and year) Dec. 17th. 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	28	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Con. Gas & Elec. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. Milton Kemp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Clara M. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Grace E. Kemp
(Address) 5216 Ivanhoe Ave.,

15 APR 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 5 , 1925 to Apr 11 , 1925.
that I last saw him alive on Apr 10, 1925
and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia with
Pentonitis

(duration) yrs. mos 6 days

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. M. Duncan M. D.

4/12. 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: April 14, 25

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison Ave.

CANNON

D 97324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14100-001

D 97324

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 14-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Cannon

(Residence in Baltimore: No. 1804 Division St St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	sing

6-DATE OF BIRTH. Sept. 27-24, 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
yrs. 6 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Beatrick Cannon

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Viola Mayple

13-BIRTHPLACE OF MOTHER. (State or Country). Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beatrick Cannon

(Address) 1804 Division St

15- FEB PR 13 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to...his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Confluent Lobular Pneumonia

(Autopsy at Hospital)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. H. Cullen M. D. (Coroner.)

4-12-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	April 13 1925
20-UNDERTAKER.	ADDRESS
Edward L. Hasley	778 W Baltimore St

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97325

CERTIFICATE OF DEATH.

119

D 97325

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2014 N. Calvert ST.: 17-5 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Weems Hawkins

(a) RESIDENCE. No. 2014 N. Calvert ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Worrel Hawkins

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Josias Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Weems

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John W. Hawkins
(Address) 4803 Springdale Ave

15 APR 13 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 [redacted]F DEATH (month, day, and year) Apr 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1924, to Apr 12, 1925, that I last saw h. alive on Apr 12, 1925, and that death occurred, on the date stated above, at 7:20 P m.

The CAUSE OF DEATH* was as follows:

Hemmorhage from bowel. Shock.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Prostatectomy 10 yrs ago

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [redacted] M. D.

4/13 1925 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
La Plata Md	April 13 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97326

CERTIFICATE OF DEATH.

D 97326

13-490

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 N. 34th St. ST.) (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Fryfogle.

(a) RESIDENCE. No. 850 N. 34th St. ST., WARD.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. 9 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 7/1863.

7 AGE: Years 61 Months 9. Days 4. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Maryland.

PARENTS

10 NAME OF FATHER: John T. Fryfogle.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Victoria B. Turner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: John T. Fryfogle.
(Address) 850 N. 34th St.

15 Filed. APR 13 1925 19.. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/11 — 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1925, to April 11, 1925; that I last saw her alive on April 11, 1925; and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy 5 yrs
Chronic Myocarditis Contributory (duration) 2 yrs mos. ds.
Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Wm. Smith, M. D.

(Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery Md.	4/14 1925

UNDERTAKER: J. WATTERS DAVIS FUNERAL DIRECTOR

ADDRESS: 3307 Pine St

Spec. 6-9-19—H. P. Co.—1000 Bks.

D 97327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3-118-002 D 97327

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 718 S. Dallas. ST.: WARD 3-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena A Zaczek.

(a) RESIDENCE. No. 718 S Dallas. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word)
Female.	White.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 Est.	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none. (All)

(b) General nature of industry, business, or establishment in which employed (or employer) nun

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Martin Zaczek
(Address) 718 S Dallas

15 Filed APR 13 1925, 19.. ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 10 1925.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1925, to Apr. 11, 1925, that I last saw h[illegible] alive on Apr. 10, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia, myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Chas Mentzel, M. D.

, 19 (Address) 1730 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	4/14 1925
20 UNDERTAKER J. W. Ozazewski	ADDRESS 1900 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97328

CERTIFICATE OF DEATH.

74-001 D 97328

1-PLACE OF DEATH

City of BALTIMORE: (No. 221 Emmet ave St., 27-12 Ward) Registered No.

2-FULL NAME Susan Files

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 221 Emmet ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Files

6-DATE OF BIRTH (month, day and year) Sept 12th 1848

7-AGE, 76 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mrs Walter Smith

(Address) 221 Emmet ave

FILED APR 13 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 11th 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 19/25 19.. to Apr 11/25 19..

that I last saw her alive on Apr 11/25 19..

and that death occurred, on the date stated above, at 7.55 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral) Hemiplegia

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Chronic Nephritis

(Duration) yrs. mos. 23 ds.

18-Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hy J Bullock M. D.

Apr 13 1925 (Address) 1203 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ St Matthews Cem DATE OF BURIAL, April 13 1925

20-UNDERTAKER, Geo Schilling & Sons ADDRESS Monument & Eutaw Sts

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-08 D 97329

1-PLACE OF DEATH

City of BALTIMORE: (No. 1300 S. Belair Road St. 27-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Elizabeth Borst

(a) Residence No. 1300 S. Belair Road St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 12 '85

7-AGE, 39 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Louis Wagner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Hessen Darmstadt

12-MAIDEN NAME OF MOTHER, Carolina

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Theo L Borst

(Address) 1300 S Belair Rd

15- Filed, 192 ROBERT R. KRAUTER, Registrar.

APR 13 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 9th, 1925, to April 11th, 1925; that I last saw her alive on April 11th, 1925; and that death occurred, on the date stated above, at 8. P. m.

The CAUSE OF DEATH* was as follows:

Capsule Hemorrhage Cerebral.

Apt.

(Duration) yrs. mos. 29 Hours ds.

CONTRIBUTORY (Secondary) Hypertension Chronic Nephritis

Cardiac Decompensation (Duration) 7 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Amelia Zimmerman, M. D.

, 19 (Address) 1305 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Baltimore Cem. DATE OF BURIAL, April 14, 1925

20-UNDERTAKER, George Schilling & Sons ADDRESS Monument Sq and South St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97330

CERTIFICATE OF DEATH.

129 D 97330

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 23

CITY OF BALTIMORE: (No. 2337 Division ST. 14-1 WARD)

2-FULL NAME John W Pembleton.

(a) RESIDENCE NO. 2337 Division ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced (or) ~~HUSBAND~~ of Husband Maude J Pembleton.

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Gen'l

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER John W Pembleton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denver Md.

12 MAIDEN NAME OF MOTHER Elizebeth Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denver Md

14 Informant Indiana Smith

(Address) 1334 Alter St Phila Pa.

APR 13 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1925, to April 9, 1925, that I last saw h[e] alive on April 9, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis? Blood & Acid test.

(Signed) Wm A McGarvey M. D.

, 19 (Address) 1330 Potter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL April 13, 25

20 UNDERTAKER Mrs Jas H. Dennis

ADDRESS 1303 Pennsylvania Ave

Rev. O F C Ketcham

Spec.—1-12-23—M&T—500 Bks.

D 9733I

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 9733I

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4903 York Road ST., 27-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Grey Woodyear

(a) RESIDENCE No. 4903 York Road ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of William E Woodyear

6 DATE OF BIRTH (month, day, and year) Feby 7 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Avalon Baltimore Co Md.

PARENTS

10 NAME OF FATHER George Grey

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Annie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Robert Grey
(Address) 4923 York Road

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 4 , 1925 , to April 11 , 1925 .
that I last saw her alive on March 23d , 1925 ,
and that death occurred, on the date stated above, at 9-30 A. m.
The CAUSE OF DEATH* was as follows:
Appendicitis (sudden)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Unknown
Cirrhosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? High Blood Pressure

(Signed) Jas M. Creighton , M. D.

April 11, 1925 (Address) 1800 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	April 13 1925
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97332

CERTIFICATE OF DEATH.

129 D 97332

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Port ST., 1-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Norr

(a) RESIDENCE NO. 605 S. Port ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Norr

6 DATE OF BIRTH (month, day, and year): June 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Pauline Adams

(Address) 605 S. Port St

15 Filed APR 13 1925 ROBERT F. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 10 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1 1924 to April 10 1925

that I last saw h alive on April 10 1925

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Intest Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Long, M. D.

4/13 1925 (Address) 201 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: April 14 1925

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Pratt

Spec.—1-10-21—M&T—1500 Bks.

D 97333

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 D 97333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 S. Bouldin ST., 26-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mallon

(a) RESIDENCE No. 800 S. Bouldin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl Mallon

6 DATE OF BIRTH (month, day, and year): Feb. 24. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John H. Ebenhack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Rosenstock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Carl Mallon (Address) 800 S. Bouldin St

15 Filed APR 13 1925 19 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925, to April 11, 1925, that I last saw her alive on April 10, 1925, and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Litton M. D.

4/13/25 (Address) 31 N. S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: 1st Evangelical Lem. — DATE OF BURIAL: April 14, 1925

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Eastern

Spec—12-23-21—E.B.P.S.—400 Bks.

D 97334

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97334

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2344 Wilkins Ave St., 20 Ward) 27-6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Dinnon

(a) Residence No. 2344 Wilkins Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Matilda Dinnon

6-DATE OF BIRTH (month, day and year) 08-27-1851

7-AGE. 73 yrs. 5 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cabinet Maker

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dinnon

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Doethaar

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Matilda Dinnon

(Address) 2344 Wilkins Ave

15- APR 13 1925 ROSLER K. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) 4/10/25

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1925 to April 10, 1925

that I last saw him alive on April 10, 1925

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. 15 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Dram M. D.

, 19 (Address) 227 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL, Apr. 14, 1925

20-UNDERTAKER: George Schwab ADDRESS 800 Fulton Ave

Spec.—1-10-21—M&T—1500 Blks.

D 97335

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO. 15 - 3 100-08

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Franklin

(a) RESIDENCE NO. 2414 Loyola Southway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Franklin

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris A. Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant D. Franklin

(Address) 1439 E Balt St

APR 13 1925

ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/6 1925 to 4/11 1925

that I last saw him alive on 4/11 1925

and that death occurred, on the date stated above, at 10 P m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical and Laboratory

(Signed) Isidor S. Frey, M. D.

April, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Apr 4/13 1925

DATE OF BURIAL

20 UNDERTAKER Jack Levin

ADDRESS 1409 E Balt St

D 97336 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97336

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Hebrew Hospital St. 26-5-90 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Gass

(Residence in Baltimore: No. 3412 Eastern Ave St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Married

6-DATE OF BIRTH. (Month) Autumn (Day) (Year) 1897

7-AGE. 28 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant 045
(b) General nature of industry, business, or establishment in which employed (or employer) Dry goods Store

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Abraham A. Gass

11-BIRTHPLACE OF FATHER, (State or Country) Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1439 E. Balto Md

15- Filed APR 13 1925 192 ROBERT R. KRAUTH, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12-25 (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to a his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Probably Chr. Myocarditis)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. W. Polan M. D.
(Coroner)

4-13-25 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel DATE OF BURIAL. 4/13 192 5

20-UNDERTAKER. Jack Lewis ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

Pomelnichiz

D 97337 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 97337

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Bond ST., 3 - 2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Pomelnichiz

(a) RESIDENCE NO. 117 S. Bond St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 11, 1924

7 AGE — Years 9 Months 11 Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Carla Pomelnichiz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Colosj Sidonia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant C. Pomelnichiz

(Address) 117 S. Bond St.

15 APR 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 6 1925 to Apr 12 1925,

that I last saw h— alive on Apr 9 1925,

and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) A. T. Reis, M. D.

Apr 13 1925 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: April 13, 1925

20 UNDERTAKER: John Grabliauckas — ADDRESS: 726 S. Pac

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97338 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97338

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 21-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Boston

(a) Residence No. 174 W. Virginia St. Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) ~~Married~~

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Barton

6-DATE OF BIRTH (month, day and year) 1888

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 015

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ky.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Record

(Address)

15- APR 13 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/12/25

17- I HEREBY CERTIFY, That I attended deceased from 4/8/25 19 to 4/12/25 19

that I last saw h wife on 4/12/25 19

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Sub-Acute Rheumatic Endocarditis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Talley M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Loudon Pa	4/14/25
20-UNDERTAKER George R. Talley	ADDRESS Victor & Fayette

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97339

CERTIFICATE OF DEATH.

5-74-001

D 97339

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 405 N. Eden St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Lewis

(a) Residence No. 405 N. Eden St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mahala Lewis

6-DATE OF BIRTH (month, day and year)

7-AGE: 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Teamster 0 23

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Easton Md

PARENTS.

10-NAME OF FATHER: Jessie E. Lewis

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Alice Harris

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Easton Md.

14- (Informant): Louis Roberts

(Address): 1130 Etting St.

15- Filed APR 13 1925 19 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr 11-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1925 to April 11 1925

That I last saw h[illegible] alive on April 10 1925

and that death occurred, on the date stated above, at 11:30A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage
& Partial Salial Paralysis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical

(Signed) R.J.[illegible] M. D.

4/12 1925 (Address) [illegible]

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cem

DATE OF BURIAL: Apr. 15 1925

20-UNDERTAKER: Chris. W. Johnson

ADDRESS: 416 N. Carolina

Spec.—1-10-21—M&T—1500 Blks.

Dr Hauch
apt 4 - Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97340

CERTIFICATE OF DEATH.

D 97340
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 209 Birchwood Ave ST. 27-13 WARD 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta M. Burke

(a) RESIDENCE NO. 209 Birchwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15-1921.

7 AGE — Years: 3 — Months: 4 — Days: 26 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Paul A. Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Louise E. Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant: Paul A. Burke
(Address) 209 Birchwood Ave

15 Filed APR 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 19

17

I HEREBY CERTIFY, That I attended deceased from April 1 20, 19 , to April 5 25, 19 ,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 10 57 m.

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 4/14 1925

20 UNDERTAKER: Wm Cook.

ADDRESS 3025 Mont

D 97341

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97341

CERTIFICATE OF DEATH.

181-B

23-1

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No.) 18 E.West St. St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M.McGah.

(Residence in Baltimore: No.) 18 E.West St. St.; yrs. 31 mos. 3 ds. 30)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. December 13, 1893.
(Month) (Day) (Year)

7-AGE. 31 yrs. 3 mos. 30 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist,
(b) General nature of industry, business, or establishment in which employed (or employer): B.& O.R.R.Co.

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS:

10-NAME OF FATHER. William M.McGah.

11-BIRTHPLACE OF FATHER, (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Mary Henderson.

13-BIRTHPLACE OF MOTHER, (State or Country). England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Simpson.(sister)

(Address) 18 E.West St.

15- FILED APR 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 12, 1925. 192...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning, from an overturned gas heater.
Accidental Death.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....
(Duration) ...yrs. ...mos. ...ds.

(Sig.) Otto M. Reinhardt M. D.
April 13, 1925 (Address) 1817 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	April 15th 1925
20-UNDERTAKER. J. A. Frazier & Son	ADDRESS 703 S. Hanover

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97342

CERTIFICATE OF DEATH.

+ 101-001

D 97342

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3 East Read ST., 11 — 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilian Ellen. Griffin.

(a) RESIDENCE NO. 2637 Mann ST., WARD San Francisco

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married.

5a If married, widowed, or divorced (or) WIFE of Frank H Griffin.

6 DATE OF BIRTH (month, day, and year) Aug 28-1877

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
47.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) San Francisco California

PARENTS

10 NAME OF FATHER Richard H Foley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anne Flood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York.

14 Informant M Foley (Address) 3 E Read St

15 APR 13 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1925, to April 12, 1925, that I last saw h[illegible] alive on April 12, 1925, and that death occurred, on the date stated above, at 10 00 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) J Swarin Bueller M. D.

4/9/1925 (Address) 501 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL San Francisco Cal.

DATE OF BURIAL April 15 1925

20 UNDERTAKER Henry W Jenkins & Co

ADDRESS Richard & Caldcleugh

Spec—12-23-21—E.B.R.S.—400 Eks.

97343

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97343

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 2117 Boyd St. 20-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Hoffmann

(a) Residence No. 2117 Boyd St, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? 39 yrs. 7 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND (or WIFE) of Rosa Hoffmann

6-DATE OF BIRTH (month, day and year) Feb 9: 1856

7-AGE 69 yrs. 7 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Hungary

PARENTS.

10-NAME OF FATHER Adam Hoffmann

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Hungary

12-MAIDEN NAME OF MOTHER Elizabeth Hall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Hungary

11- (Informant) Rosa Hoffmann

(Address) 2117 Boyd St

15-

Filed ..... 192.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 10/25

17- I HEREBY CERTIFY, That I attended deceased from April 6, 19 25 to April 10, 19 25

that I last saw him alive on April 10, 19 25 and that death occurred, on the date stated above, at 7 10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, 2 yrs.

Arteriosclerosis

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E. Hills Hemming, M. D.

4/11/25, 19 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery April 13th, 19 25

DATE OF BURIAL

20-UNDERTAKER. F. D. Heffner

ADDRESS 1850 N. Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97344

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

17-001

17-24 D 97344

Registered No. C.....

City of BALTIMORE: (No. 912 Penna ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Frederick Kratz

(Residence in Baltimore: No. 912 Penna ave. St.; yrs. 61 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	widower

6-DATE OF BIRTH, Aug. 28, 1864
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 7 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baker 003
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Kratz

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Catherine Schwab

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Kratz

(Address) 1713 Madison ave.

15-

Filed ..... 19..... ROBERT R. KRAUTER

APR 13 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy, M. D.
(Coroner)

April 11, 1925 (Address) 2802 Eastern ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	4/13/1925
20-UNDERTAKER,	ADDRESS
David Easton	916 Penna

Cor.—1-12-23—M&T—100 Blks.

97345

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97345

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 N. Fulton Ave. ST.) 15-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mavis Leitz

(a) RESIDENCE NO 2021 N. Fulton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Leitz

7 DATE OF BIRTH (month, day, and year) Jan. 22, 1869 (guess)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	2	20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work accountant
(b) General nature of industry, business, or establishment in which employed (or employer) 004
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER George Leitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Turbitzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Margaret Leitz
(Address) 2021 N. Fulton Ave.

Filed APR 13 1925, 192 .. ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

(duration) yrs. mos. 1 ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

April 11, 1925 (Address) 250 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apr. 14 1925
20 UNDERTAKER	ADDRESS
Wm. Fickus & Sons	Baltimore Md

Spec.—1-10-21—M&T—1500 Bks.

D 97346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 97346

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2811 Chelsea Ter ST., 15-5 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William M. Kreba

(a) RESIDENCE NO. 2811 Chelsea Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE: Maamie V. Kreba

6 DATE OF BIRTH (month, day and year): Feb 22, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Daniel Miller Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: David Kreba

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Elizabeth Carlisle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Maamie V. Kreba

(Address) 2811 Chelsea Ter

15 APR 13 1925 ROBERT N. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to Apr 12, 1925, that I last saw him alive on Apr 12, 1925, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart—
Edema of lungs
2 hrs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis—about 2 yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter Zibbett, M. D.

4/12/25 (Address) 2220 Harrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 4/14 1925

20 UNDERTAKER: Zirkler & Zirkler

ADDRESS 1739 Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97347

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital

CITY OF BALTIMORE: (No. Raynor ave and Du[illegible] ST. (WARD) 11

REGISTERED NO. 936

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Donald Fitz Simmons

(a) RESIDENCE NO. 6 Valley road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): April 5/1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 Days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): West Balto general Hospital

PARENTS

10 NAME OF FATHER: Robert S. Fitzsimmons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Louisville

12 MAIDEN NAME OF MOTHER: Annie Gilbrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond, Va.

14 Informant: Faye Joesdens (Address) 272 S. Bond

15 Filed APR 13 1925 19 ROBERT H. KRAUTER, Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 5 , 1925 , to Apr. 11 , 1925 ,

that I last saw him alive on Apr 11 , 1925 ,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Premature birth -

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Premature birth.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Hall S. Hublett, M. D.

April 11 19 (Address) 2220 Harlem ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemy — DATE OF BURIAL: Apr 13 1925

20 UNDERTAKER: Jos Joesdens Son — ADDRESS: 207 S Bond

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97348

1-PLACE OF DEATH

CERTIFICATE OF DEATH. 20 D 97348

Registered No. C

City of BALTIMORE: (No. Mercy Hospital. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A.Banks.(C)

(Residence in Baltimore: No. 205 W.Biddle St. St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	Colored.	Married.

6-DATE OF BIRTH. Do not know. (Month) (Day) (Year)

7-AGE				If LESS than 1 day,
55 yrs.	mos.	ds.		hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS

10-NAME OF FATHER. Edmund Banks.(C)

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Banks.(wife)

(Address) 205 W.Biddle St.

15- APR 13 1925 ROBERT R. KRAMER. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. April 10, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries, Accidentally crushed about the body by falling iron plates from a sling.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

April 11 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? U.Md.R.R.Port Covington. April 8, 1925.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	April 14, 1925

20-UNDERTAKER. Mrs. Katie R. Williams ADDRESS 32 N. Schroeder St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97349

CERTIFICATE OF DEATH.

D 97349

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST. 15 WARD) 2-13

2-FULL NAME David S Holt

(a) RESIDENCE. No. 1545 N. Gilmore St.

(Usual place of abode) WARD.

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 28, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mechanicsville
(State or country) St Marys Co, Md.

PARENTS

10 NAME OF FATHER James M. Holt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St. Marys Co, Md

12 MAIDEN NAME OF MOTHER Helen Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) St. Marys Co. Md.

14 Informant James M. Holt
(Address) 1545 N. Gilmore St

15 Filed ..... 19.. Robert P. Harrison Registrar

JAN 31 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to April 13, 1925, that I last saw him alive on April 13, 1925, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Anterior Poliomyelitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G Tull M. D.

4/13 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. J. Ebes	April 14 1925
20 UNDERTAKER	ADDRESS
Jerome Ellis	1364 Mary

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97350

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 001

D 97350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1618 N. Broadway 8 - 2 Registered No.

City of BALTIMORE: (No. 1618 North Broadway St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Clark

(a) Residence No. 1618 N. Broadway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Single

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE.	If LESS than 1 day,
81 yrs. — mos. — ds.	hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work No occupation

(b) General nature of Industry, business, or establishment in which employed (or employer) Kept home for son

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Nelson Clark

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Isabella Clark

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11-

(Informant) Anna Clark

(Address) 1618 N. Broadway

15-

APR 13 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 8 1925 to April 10 1925

that I last saw her alive on April 10 1925

and that death occurred, on the date stated above, at hour unknown

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2d ds.

CONTRIBUTORY (Secondary) Cerebro vascular disease

unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical findings

(Signed) E. L. Mackenzie M. D

April 12, 1925 (Address) 1546 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 14 1925
20-UNDERTAKER,	ADDRESS
Robert J. Turner	1412 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

JULIUS HELLWEG

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97351

97351

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 W. North Avenue ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Hellweg

(a) RESIDENCE NO. 710 W. North Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S. Hellweg

6 DATE OF BIRTH (month, day, and year) June 8, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary of 009

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Exchange

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER August Hellweg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Saxony Germany

14 Informant (Address) Mrs. Elizabeth S. Hellweg 710 W. North ave.

15 Filed 4 13 1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 12 19 25

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 19 24 to 19 that I last saw h[illegible] alive on Apr 11 19 25

and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Prostate

abdomen (duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? Date of Feb 1925.

Was there an autopsy? No Operation

What test confirmed diagnosis?

(Signed) [illegible], M. D.

4-13 19 25 (Address) 1 E. Center Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Apr 14 1925
20 UNDERTAKER	ADDRESS
Kaufmann & Co.	[illegible]

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97352 97352

CERTIFICATE OF DEATH.

REGISTERED NO. 9-6 25-9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Hope ST., WARD 9-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretha A. Martel

(a) RESIDENCE No. 1826 Hope ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul Martel

6 DATE OF BIRTH (month, day, and year): Aug. 26. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: William Kafsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Kalmes

(Address): 1826 Hope St

15 Filed 4 13 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26. 1925. to Nov. 11, 1925.

that I last saw her alive on Nov. 11 1925.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral degeneracy (senile)

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Benj. H. Hayden, M. D.

4/13/1925 (Address) 6216 N. Carolina st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. : (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: Nov 1925

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

Pantienos ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97353

D 97353

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Washington Blvd ST., 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Pantienos

(a) RESIDENCE NO. 601 Washington Blvd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1911-4-26

7 AGE	Years	Months	Days	If LESS than 1 day 23 hrs. or 25 min.
	14	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Pantienos

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Zofei Stankosciute

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithuania

14 Informant Joseph Pantienos
(Address) 601 Washington Blvd

15 APR 3 1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 April 1925

17 I HEREBY CERTIFY, That I attended deceased from 4 April, 1925, to 10 April, 1925, that I last saw her alive on 10 April, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonum

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph A. Wurth, M. D.

, 19 (Address) 604 S. Paca St, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 4/14 1925

20 UNDERTAKER Thos. B. Kuchanska

ADDRESS 637 S. Paca St

Spec.—1-10-21—M&T—1500 Bks.

D 97354

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 17-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Rosell

(a) RESIDENCE NO. 705 Edmondson Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Bay View Hospital, Baltimore, Md.

Filed 4 13 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1919, to April 12, 1925, that I last saw h[illegible] alive on April 12, 1925 and that death occurred, on the date stated above, at 4.25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dementia Praecox,

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry J. Bloomit M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holloman Patterson

DATE OF BURIAL 4/14/1925, 19

20 UNDERTAKER Daniel Carter

ADDRESS 916 Pa ave

D 97355

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97355

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 812 W. Monument St. 11-4 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Edward Cretas .....

(Residence in Baltimore: No. 812 W. Monument St.; yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH, Feb. 7 (Month) (Day) 1923 (Year)

7-AGE, 2 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... HM

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Henderson Daniel

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Mattie Cretas

13-BIRTHPLACE OF MOTHER, (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Branch

(Address) 812 W. Monument

15- Robert P. Harrison,

Filed..... 192.....

3 1925 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) .....yrs. 4 mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

April 12, 1925. (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	4/14/25 19
20-UNDERTAKER. Dame Harbin	ADDRESS 916 Pul

Spec.—1-10-21—M&T—1500 Blks.

D.97356 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D. 97356

CERTIFICATE OF DEATH. × 101-001

1-PLACE OF DEATH Homewood Hospital REGISTERED NO. 12-3

CITY OF BALTIMORE: (No. 2724 N. Charles Boulevard ST. Room 606 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Sipple

(a) RESIDENCE NO. Laurel, Del. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ticket Agent Pa. R.R.

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Del Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Homewood Hospital (Address) 2724 N. Charles St

15 3 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18-dc 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/13/25 to 4/18/25, 19 ..., that I last saw him alive on 4/13/25, 19 ..., and that death occurred, on the date stated above, at 9-15 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Contributory Arteriosclerosis

(duration) yrs. 7 mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. P. Harrison, M. D.

, 19 (Address) 1 W. Mt. Royal Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Del

DATE OF BURIAL 4/24 1925

20 UNDERTAKER E. LeRoy Shiffler

ADDRESS 125 E. Balto St

Spec.—1-10-21—M&T—1500 Pds.

D 97357

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9735

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Lytle

(a) RESIDENCE NO. 921 Eden Place ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER John Lytle

11 BIRTHPLACE OF FATHER (city or town) N. J. (State or country)

12 MAIDEN NAME OF MOTHER Jennie Lytle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 APR 13 1925 Filed ..., 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1 1924 to April 10 1925,

that I last saw he alive on April 10 1925

and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) 4 (history) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

April 13 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 4/14/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Park

Spec—12-23-21—E.R.R.S.—400 Bks.

D 97358

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97358

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St., 16-31 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Smother

(a) Residence No. 1015 N. Carlton [redacted] St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Smother

6-DATE OF BIRTH (month, day and year) 1872

7-AGE.	If LESS than 1 day.
53 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)..... 637

(c) Name of employer.....

9-BIRTHPLACE (City or town)..... Baltimore
(State or Country)..... Maryland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), not known

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), not known

14- (Informant) Hospital Records
(Address) M.T.H.

15- Filed 13 1925 192 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 30 1925 to April 11, 1925

that I last saw h. 9r alive on April 11 1925

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) I. B. Whaley, M. D.

4-11-, 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn Cem	4/14/25
20-UNDERTAKER.	ADDRESS.
Daniel Carbon	916 Pa ave

Spec. 1-10-21—M&T 1500 Blks.

D 97359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 97359

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 222 N Carlton St ST., 18 WARD) 1

2-FULL NAME Addie Lively

(a) RESIDENCE NO. 222 N Carlton St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 9, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Eastern Shore Md

PARENTS

10 NAME OF FATHER: Levi Lively

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Shore Md

12 MAIDEN NAME OF MOTHER: Annie Colbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastern Shore Md

14 Informant: Mary Corker

(Address) 122 N Smeby

15 Filed 3 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to April 13, 1925, that I last saw her alive on April 12, 1925, and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Harrold M. D.

4/13/1925 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL 4/15/25

20 UNDERTAKER: Dennis Easters

ADDRESS 916 Baltimore

Spec.—1-10-21—M&T—1500 Blks.

D 97360 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-801 D 97360

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 170 Druid Hill Ave. WARD 14-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Josephine Lansey

(a) RESIDENCE NO. 170 Druid Hill Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16-24

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1		25	

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER J. Wallis Lansey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Baines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs. Josephine Lansey 170 Druid Hill Ave

15 Filed 3 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1925, to Apr. 12, 1925, that I last saw h[illegible] alive on Apr. 12, 1925, and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Rachitis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. J. Carr, M. D.

Apr. 13 1925 (Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL 4/14/25

20 UNDERTAKER Mrs. Helen A. Holland ADDRESS 1631 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97361

CERTIFICATE OF DEATH.

49

D 97361

1-PLACE OF DEATH

City of BALTIMORE: (No. 2796 Alameda Blvd St. 9-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Kuschmeyer.

(a) Residence No. 2796 Alameda Boulevard Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline A. Kuschmeyer

6-DATE OF BIRTH (month, day and year) June 11 1866

7-AGE. 58 yrs. 10 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Muth Bros & Co

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Ernest Kuschmeyer

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER Agnes Tüsting

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Caroline A. Kuschmeyer

(Address) 2796 Alameda Blvd.

15- Robert P. Harrison,

Filed ..... 192.....

13 1925 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 12 25

17- I HEREBY CERTIFY, That I attended deceased, from Aug 1st 1924 to April 12 1925 that I last saw him alive on April 12 1925 and that death occurred, on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH* was as follows:

Cachexia & myocarditis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma (Prostate)

(Duration) yrs. 9 mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of May 1924

Was there an autopsy? No.

What test confirmed diagnosis? Pathological

(Signed) Alex J. Geisse M. D

(Address) 850 N. Charles St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Apr 15 1925

20-UNDERTAKER. J. Mc Mrs John H. Temple & Son ADDRESS 801 W. Fayette

D 97362

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

D 97362

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2508 Jefferson St.: 7-3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Hollexy

(Residence in Baltimore: No. 2508 Jefferson St.: 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: white

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Nov 6, 1874, (Month) (Day) (Year)

7 AGE: 50 yrs. 5 ~~mos.~~ 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 37

9 BIRTHPLACE (State or country): Austria Hungary

PARENTS

10 NAME OF FATHER: John Iwinger

11 BIRTHPLACE OF FATHER (State or country): Austria Hungary

12 MAIDEN NAME OF MOTHER: Elizabeth Till

13 BIRTHPLACE OF MOTHER (State or country): Austria Hungary

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Holley

(Address) 2502 Jefferson St

15. ..... 191.....

Robert P. Harrison,
Burial Permit Clerk
REGISTRAR

R 13 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 12 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1925, to April 12 1925, that I saw her alive on April 11, 1925, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Abraham Samuels M. D.

April 12, 1925. (Address) 1920 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: April 15, 1925

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 E. Fort Ave

IS Very important. See instructions on back of certificate.

FILMED

Spec.—1-10-21—M&T—1500 Bks.

D 97363

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97363

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 W Washington ave ST., 25 WARD) 7

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella F. Ford

(a) RESIDENCE NO. 500 W Washington ave ST.. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rev. James W. Ford

6 DATE OF BIRTH (month, day, and year): Oct 17, 1874

7 AGE — Years: 50 — Months: 5 — Days: 26 — If LESS than 1 day,... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Roulette

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Barbara Houser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Rev. James W. Ford 500 Washington ave

15 3 1925 .19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 31st 1924 to April 12th 1925 that I last saw h-e alive on April 12th 1925 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(duration) yrs. 8 mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Kleibell M.D.

4/13, 1925 (Address) 1324 E Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. — DATE OF BURIAL: April 15 1925

20 UNDERTAKER: H. Howard Evans — ADDRESS: 358 Ford Ave

KODAK S.A.E.

Spec.—1-10-21—M&T—1500 Bks.

D 97364

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97364

CERTIFICATE OF DEATH.

164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1946 Hanover ST., 23-2 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca M Sank.

(a) RESIDENCE No. 1946 Hanover ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: late James M Sank.

6 DATE OF BIRTH (month, day, and year): Oct 25, 1847

7 AGE: Years 77 Months 5 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Demit

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Kender

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Agnes Smith (Address): 1946 Hanover St

15 Filed ..... 19 .....

13 1925

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 4, 1925, to April 13, 25, that I last saw her alive on April 11, 25, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. O. Campbell, M. D.

April 18, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cem — DATE OF BURIAL: April 15 1925

20 UNDERTAKER: A. Edward Evans — ADDRESS: 38 E Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97365

CERTIFICATE OF DEATH.

15-101-11

D 97365

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2029 Bentlou St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Salvatore Leva

(a) Residence No. 2029 Bentlou St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Boy

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 12-1919

7-AGE. 5 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Salv. Leva

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Giuseppina Fertitta

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Italy

14- (Informant) Salvatore Leva

(Address) 2029 Bentlou St.

15- FILED APR 14 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4 | 12 | 1925

17- I HEREBY CERTIFY, That I attended deceased from 4-10 1925 to 4-12 1925 that I last saw h. living alive on 4-12 1925 and that death occurred, on the date stated above, at 5-0 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) acute Lobar pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Drucker M. D.

4-13 1925 (Address) 1614 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cath. Cem. DATE OF BURIAL. 4/14/25 19

20-UNDERTAKER. George J. Roth. ADDRESS 1735 Harford Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97366

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-601

CERTIFICATE OF DEATH.

D 97366

1-PLACE OF DEATH

City of BALTIMORE: (No. 229 S 7th St., 16-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Reda Rossi

(a) Residence No..... 229 S 7th St.,..... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) May 7 1924

7-AGE. 1 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Tony Rossi

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Fanny Gendini

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Italy

14- (Informant) Mr Tony Rossi

(Address) 229 S 7th St

15- Filed APR 14 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 11 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 19, 1925, to April 11, 1925, that I last saw h.r alive on April 11, 1925, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

1 Pneumonia (Lobar)

2 Empyema

(Duration) yrs. 2 mos. 18 ds.

CONTRIBUTORY (Secondary) Entero Colitis (Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of Febr 28/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) S. Artigiani M. D.

, 19 (Address) 1948 E Jayne

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Stanislaus Cem	April 17 1925
20-UNDERTAKER. John Meisel	ADDRESS. 2008 Aliceanna

Spec—12-23-21—E.B.R.S.—400 lks.

Address, 5600 York Rd 97366

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97367

CERTIFICATE OF DEATH.

15-4-90 D 97367

1-PLACE OF DEATH

City of BALTIMORE: (No.) Homeopathic Hosp. St., Ward. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva R Stockdale

(a) Residence No. 2427 West North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo. W.

6-DATE OF BIRTH (month, day and year) Oct 7. 1885

7-AGE. 39 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER Robert B Joyce

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Elizabeth Seyfried

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14- (Informant) Geo. W. Stockdale

(Address) 2427 W. North Ave

15- Filed APR 14 1925 Registrar.

ROBERT R. KRAUSE

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 13. 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 1911 to April 13 1925.

That I last saw h.. alive on April 13 1925.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia (Left)

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Haas M. D

4-13. 1925 (Address) 5600 York Rd. Balto Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL. 4-16. 1925

20-UNDERTAKER. Wm Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97368

CERTIFICATE OF DEATH.

100-001 D 97368

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 E. Lexington St., 5-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Weinstein

(a) RESIDENCE NO. 1207 E Lexington St ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 4 1923.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ....min.
	1	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Samuel Weinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie Farsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Weinstein
(Address) 1207 E Lexington St

Filed APR 14 1925 ROBERT M. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 13, 1925, that I last saw him alive on April 13 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 10 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? No ..Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab

(Signed) M. J. Boyle M. D.

4/13 1925 (Address) 240 N. Spring St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 4/14 1925

20 UNDERTAKER Jack Lewis 1439 E Balto St — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

D 97369

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-00 D 97369

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Poplar Grove ST., 16-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius J. Dienhart

(a) RESIDENCE NO. 1403 Poplar Grove ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta W Dienhart

6 DATE OF BIRTH (month, day, and year) 7-26-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Confectionier 019

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Trier

(State or country) Germany

PARENTS

10 NAME OF FATHER Peter Dienhart

11 BIRTHPLACE OF FATHER (city or town) ...

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ...

(State or country) Germany

14 Informant (Address) Julius R. Dienhart 1403 Poplar Grove

15 Filed APR 14 1925 ROBERT R. KRAUTER, Registrar Burial Permit Dist.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1922, to April 12, 1925, that I last saw him alive on April 11-, 1925, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) several yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) H. L. Boynton, M. D.

4/12, 1925 (Address) 301 East Lems St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	April 16 1925
20 UNDERTAKER E. Stahlman & Son	ADDRESS 1039 Hanover

Spec.—6-9-19—H. P. Co.—1000 Blks.

97370

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-B 001 97370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N. Montford St.: 8-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Richard Moraw

(a) RESIDENCE. NO. 1715 N. Montford St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white.	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) April 11. 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none (60)

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Herman Moraw.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Antonia Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Herman Moraw. (Address) 1715 N. Montford

15 Filed APR 14 1925 ROBERT R. KERR Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1925

17 I HEREBY CERTIFY That I attended deceased from April 11, 1925, to April 12, 1925, that I last saw him alive on April 12, 1925, and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) James G. Marston, M. D.

4-12 1925 (Address) 814 Park Avenue.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cem.	April 14 1925
20 UNDERTAKER E. Lehman Sons	ADDRESS 1007 Hanover

Spec.—1-10-21—M&T—1500 Bks.

D 97371 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 D 97371

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., No-7 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Graham

(a) RESIDENCE No.... Bay View Asylum ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE colored | 5 Single, Married, Widowed, or Divorced, (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Sid Bowely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachel Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Municipal Hospital Records (Address)

15 APR 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to April 11, 1925, that I last saw her alive on April 11, 1925 and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

? (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) H. L. Miller, M. D.

4/11/, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel | DATE OF BURIAL Apr 14 1925

20 UNDERTAKER Sam W Chase & Son | ADDRESS 1400 Mosher

D 97372 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97372

1-PLACE OF DEATH

City of BALTIMORE: (No. 2308 Arunah Ave Ward 24-001 6-75

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. T. Bethke

(Residence in Baltimore: No. 2308 Arunah Ave St.; yrs. 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) widower

6-DATE OF BIRTH, March 19, 1854
(Month) (Day) (Year)

7-AGE, 71 yrs. — mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of Industry, business, or establishment in which employed (or employer) Tailor

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Rhoades Bethke

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Bethke

(Address) 2919 Baker St.

15- Filed APR 14 1925 19.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

(Signed) J. T. Kenney M. D.
(Coroner)

April 12 1925 (Address) 2608 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL
Westminster April 14 1925

20-UNDERTAKER. ADDRESS
Robert S. Little 2700 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97373

CERTIFICATE OF DEATH.

100-001

D 97373

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 860 W Lexington St. St. 18 — 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Stanley Taylor Jr

(Residence in Baltimore: No. 860 W Lexington St St.; yrs., mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. March 23 1925
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country) Balto, Md.

PARENTS.

10-NAME OF FATHER. Wm. S. Taylor

11-BIRTHPLACE OF FATHER. (State or Country). Balto md

12-MAIDEN NAME OF MOTHER. Victoria Jones

13-BIRTHPLACE OF MOTHER. (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. S. Taylor

(Address) 860 W. Lexington St

15- APR 14 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 12 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....(Inquest, ~~autopsy or~~ Inquiry.) thereon and from the evidence obtained by said ....(Inquest, ~~Au~~ ~~topsy or~~ Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Cold

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. K. Gorman M. D.
(Coroner.)

4-14 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	April 14 1925

20-UNDERTAKER. Mrs Jas. H. Downs per J. E. Nelson

ADDRESS 1303 Pressman St

Spec—12-23-21—E.B.R.S.—400 Bks.

97374

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97374

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1044 W Fayette St., 18 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Thomas

(a) Residence No. 1044 W Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Wh

5-Single, Married, Widowed, or Divorced, (Write the word.) Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of widow

6-DATE OF BIRTH (month, day and year) 10/28/1851

7-AGE, 74 yrs. 5 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Berkeley Co. W Va.

PARENTS.

10-NAME OF FATHER, Samuel Williamson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Berkeley Co. W Va.

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Berkeley Co. W Va.

14- (Informant) John A. Cole

(Address) 1048 W Fayette St

15- Filed APR 14 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 13 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 7 19 25 to Apr 13 19 25

that I last saw h alive on Apr 13 19 25

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Ne

Did an operation precede death? Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood M. D.

Apr 14 19 25 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, Apr 16 1925
National Cemetery	
20-UNDERTAKER, Frank A. Cole	ADDRESS 1418 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 D 97375 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 428 N. Durham St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Cecilia Wilson

(a) Residence No. 428 N. Durham St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Wilson

6-DATE OF BIRTH (month, day and year) Mar 1 1898

7-AGE. 27 yrs. 1 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas H. White

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER, Florence Curtis

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) Joseph Wilson

(Address) 428 N. Durham

15- Filed APR 14 1925 Registrar.

ROBERT M. KRAUTER, Death Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) apr. 10. 25

17- I HEREBY CERTIFY, That I attended deceased from apr 7 19 25 to apr 10 19 25

that I last saw her alive on apr 9 19 25

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

acute appendicitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm H. Cargill M. D.

4-13. 1925 (Address) 611 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet cem.	apr 14 to 1921
20-UNDERTAKER.	ADDRESS
Miller Bros	815 N Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97376 HEALTH DEPARTMENT—CITY OF BALTIMORE 38 D 97376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St, 16-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Forest Wooden

(a) Residence No. 1120 Whitecoat St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Wooden

6-DATE OF BIRTH (month, day and year) 1880

7-AGE. 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jessie L. Wooden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Laura White

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14-

(Informant) Cora Wooden

(Address) 1120 Whitecoat

Filed APR 14 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/11/25

17- I HEREBY CERTIFY, That I attended deceased from 4/7/25 to 4/11/25 that I last saw alive on 4/11/25 and that death occurred, on the date stated above, at 10:00 a. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Fever

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Dolly M. D.

19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn — DATE OF BURIAL, 4-14 1925

20-UNDERTAKER, R L Parham — ADDRESS 906 Fenchall St

Spec—12-23-21—E.B.P.S.—400 Bks.

D 97377

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97377

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1610 E Fort St., Ward 3) Registered No. 21

2-FULL NAME James John O'Brien

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1610 E Fort ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Jan 10, 1880

7-AGE 45 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Boiler maker

(b) General nature of industry, business, or establishment in which employed (or employer) U.S Navy/086

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Boston Mass

PARENTS.

10-NAME OF FATHER, Edmond O'Brien

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ellen Fitzpatrick

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) Mrs Ellen O'Brien

(Address) 1610 E. Fort ave

15-Filed APR 14 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 11 25

17- I HEREBY CERTIFY, That I attended deceased from April 7 1925 to April 11 1925

that I last saw him alive on April 11 1925

and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Pneumonary Tuberculosis

(Duration) 4 yrs. mos. ds

CONTRIBUTORY (Secondary) Tuberculosis Meningitis

(Duration) yrs. 5 mos. ds

18-Where was disease contracted if not at place of death? U.S Navy

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Thos J Stevens M. D

4/12 1925 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
National Cem	April 15, 1925
20-UNDERTAKER Chas L. Sherman	ADDRESS 1501 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97378

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97378

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 113 Callendar ST., 18 WARD) 3 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Karl Marschall

(a) RESIDENCE No. 113 Callendar ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. - mos. - ds. How long in U. S., if of foreign birth? 24 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mrs Karl Marschall

6 DATE OF BIRTH (month, day, and year) Aug 14 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

(c) Name of employer: Water Dept. Balto City

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Karl Marschall

(Address) 113 Callendar St.

APR 14 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 5 1925 to April 12 1925, that I last saw him alive on Apr 12 1925 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) - yrs. Over 7 mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) - yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Dale M. D.

Apr 12 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem DATE OF BURIAL: April 15th 1925

20 UNDERTAKER: A. Jones ADDRESS: 111 S. Gilmor

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97379

CERTIFICATE OF DEATH.

101-001 D 97379

1-PLACE OF DEATH

City of BALTIMORE: (No. 1503 Lemon St., 19-2 Ward) Registered No.

2-FULL NAME John Hayman

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1503 Lemon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Haymon

6-DATE OF BIRTH (month, day and year) Jan 2 1875

7-AGE, 38 yrs. 2 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 140

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Yard

(c) Name of employer Railroad Yard

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Haymon

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unremembered Md

12-MAIDEN NAME OF MOTHER, Brooks Emily

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unremembered Md

14-

(Informant) Mrs Anna Smallwood

(Address) 1221 S. Fremont St

15-

Filed APR 14 1925 19 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 12 25

17- I HEREBY CERTIFY, That I attended deceased from ~~March~~ April 11, 1925, to April 12, 1925, that I last saw him alive on April 12, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Coma Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) A. Walter Jones M. D.

, 19 (Address) 1618 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem — DATE OF BURIAL April 15 1925

20-UNDERTAKER. A. Jones — ADDRESS 1119 E Monument

28

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97380

CERTIFICATE OF DEATH.

100D001 ✓ D 97380

1-PLACE OF DEATH

City of BALTIMORE: (No. 1714 Caris St. St., 19-1) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Elizabeth Liggins

(a) Residence No... 1714 Caris St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 3-11-23

7-AGE. 2 yrs. 1 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Thomas Liggins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Ella Jackson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Robertsville So. Car.

14- (Informant) Thos Liggins

(Address) 1714 Caris St

15- Filed 4-14-25 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4-13-25

17- I HEREBY CERTIFY, That I attended deceased from 4-10-, 19 25, to 4-13, 19 25, that I last saw her alive on 4-12-, 19 25, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH* was as follows:

Primary Broncho-
pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. L. Jackson, M. D.

4/13 1925 (Address) 818 W Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem DATE OF BURIAL. April 15 1925

20-UNDERTAKER. A. Jones ADDRESS. W. S. Gilmor

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97381 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97381

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Giles

(a) Residence No. 1413 W. Mulberry st. St., Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elva Giles

6-DATE OF BIRTH (month, day and year) June 21 26 1901 June 21

7-AGE. 24 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Button hole oper.

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town). (State or Country). Maryland

PARENTS

10-NAME OF FATHER, Joseph Giles

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Unknown

12-MAIDEN NAME OF MOTHER, Sarah Butler

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Unknown

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed ..., 192 ROBERT N. KRAUSE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 16 19 25 to April 10 19 25

that I last saw him alive on April 10 19 25

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Lab. & Clin. finding

(Signed) J. B. Whaley, M. D.

4-10, 1925 (Address) Municipal Tbc. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL April 14 25

20-UNDERTAKER. A. Jones ADDRESS 1115 S. Gilmor st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97382

CERTIFICATE OF DEATH.

24-001

D 97382

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2501 Allendale Rd ST. 15-5 WARD)

2-FULL NAME John A. Murphy

(a) RESIDENCE No. 2501 Allendale Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Murphy

6 DATE OF BIRTH (month, day, and year) Dec. 25 184[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, . hrs. or min.
	83	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self 045

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Hugh Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Ellen Treacy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. John A Murphy Jr (Address) 2501 Allendale Rd

Filed APR 14 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 13 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1925, to Apr-13-, 1925, that I last saw h[illegible] alive on Apr-13, 1925, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH was as follows:

Senile arteriosclerosis with myocardial insufficiency and gradual failure

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Wesley Cole, M. D.

4/13 1925 (Address) 2707 Dorsey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Apr 15 1925
20 UNDERTAKER	ADDRESS
Wm Fickenscher & Sons	North Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97383

CERTIFICATE OF DEATH.

D 97383

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Park Ave ST., W-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Pratt

(a) RESIDENCE NO. 409 Park Ave ST., WARD Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14 1848

7 AGE: Years 57 Months 2 Days 1 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Newspaper Reporter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

PARENTS

10 NAME OF FATHER Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant: James Brown
(Address): [illegible]

Filed APR 14 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1925, to April 11, 1925, that I last saw him alive on April 10, 1925 and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W B Pratt, M. D.

, 19 (Address) 113 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: April 14 1925

20 UNDERTAKER: Jos Joerdens & Son

ADDRESS: 207 S. Pac

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97384

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2715 Edmondson Ave ST.; 40 WARD; 3 REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Shriver

(a) RESIDENCE. No. 2715 Edmondson Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Shriver

6 DATE OF BIRTH (month, day, and year) April 19, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired D31

(b) General nature of industry, business, or establishment in which employed (or employer) Machinist

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mr. Frank Redding (Address) 2715 Edmondson Ave

APR 14 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to April 11, 1925, that I last saw him alive on April 11, 1925, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) J. T. Hennessy, M. D.

4/12/1925 (Address) 1502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	April 14 1925

20 UNDERTAKER J. & J. SOERENS & Son ADDRESS 217 S. Paca St.

97385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-197 D 97385

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Hattie Marshall

(Residence in Baltimore: No. 515 North Eden St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	mar

6-DATE OF BIRTH. unknown (Month) (Day) 1891 (Year)

7-AGE. 33 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Prob.-Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address)

15-

APR 14 1925

ROBERT N. KRAMER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13-25 (Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said decased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to pistol shot of heart & lungs (Homicide) (Autopsy performed, Inquest to be later) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. H. Potter M. D. (Coroner)

4-14-25 192.. (Address) 500 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Portsmouth Va DATE OF BURIAL. April 14 1925

20-UNDERTAKER. Mrs R. G. Elliott ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

97386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 97386

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital (ST.) 76-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gamble

(a) RESIDENCE NO. Bay View Asylum (ST.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE: 82 Yrs. (Years / Months / Days) If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England.

PARENTS

10 NAME OF FATHER Thomas Gamble

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER Ada Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Municipal Hospital Records

(Address)

15 APR 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to April 11, 1925.

that I last saw him alive on April 11, 1925

and that death occurred, on the date stated above, at 5P. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller., M. D.

4/12, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel — DATE OF BURIAL: April 14 1925

20 UNDERTAKER: Mr - Mrs N. S'Fink — ADDRESS: 1737 N. Pratt St

97387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97387

1-PLACE OF DEATH

City of BALTIMORE: (No.) Lake Ashburton St. (Ward) 15-16

Registered No. C

2-FULL NAME Ida Cherry

(Residence in Baltimore: No.) 3405 Forest Park Ave St.; yrs. 30 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): married

6-DATE OF BIRTH: about (Month) 1. (Day) 88 (Year)

7-AGE: 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. J. Cherry

(Address) 3405 Forest Park Ave

15- APR 14 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 14 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Suicide by drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

April 14 1925. (Address) 2812 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL,
Hebrew Southern Ave 4/16 19 25

20-UNDERTAKER. ADDRESS
Jack Levin, 1739 E Balto.

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr. Glassman

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97388

2687 Wilkens Ave

CERTIFICATE OF DEATH.

Registered No. 97388

1-PLACE OF DEATH

City of BALTIMORE: (No. 2537 W. Lombard St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. A. Wolf.

(a) Residence No. 2537 W. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) M.

5a-If married, widowed, or divorced HUSBAND of Priscilla A. Wolf.

6-DATE OF BIRTH (month, day and year) June 16 1879

7-AGE 45 yrs. 9 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9-BIRTHPLACE (City or Town) (State or Country) Bella, Md

PARENTS

10-NAME OF FATHER Wm. A. Wolf

11-BIRTHPLACE OF FATHER (City or Town) (State or Country) Bella Md

12-MAIDEN NAME OF MOTHER Mary Lilly

13-BIRTHPLACE OF MOTHER (City or Town) (State or Country) Bella, Md

14- Priscilla A. Wolf

(Address) 2537 W. Lombard St

15-

Filed APR 14 1925 192 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 11/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 24 1925 to April 11 1925.

that I last saw him alive on April 11 1925

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilitation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Harry Glassman M. D.

April 12 1925 (Address) 2687 Wilkens Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL April 14 1925

20-UNDERTAKER F.B. Westphal ADDRESS 1550 W. Balto St

D 97389

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97389

CERTIFICATE OF DEATH.

(PLACE OF DEATH

CITY OF BALTIMORE (No. ~~1501~~ Mercy Hospital ST.: 9-15 WARD)

REGISTERED No. C 188-03

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. Fluckenstein

(Residence in Baltimore: No. 1819 Aisquith St.: 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan 28, 1866
(Month) (Day) (Year)

7-AGE, 38 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fire patrolman
(b) General nature of industry, business, or establishment in which employed (or employer): 061

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, ~~Jno~~ Fluckenstein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Grossman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sophie Fluckenstein

(Address) 1819 Aisquith

15-

Filed APR 14 1936 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 12, 1913
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or ~~inquiry~~.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or ~~inquiry~~.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

fract. skull,
accidentally struck by auto
24 hrs. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M.K. Rehn ..... M. D.
(Coroner)

Apr 14, 1913 (Address) 1439 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place 2 1/4 hr In the
of death ....yrs. ....mos. ....ds. State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	April 16, 1913
20-UNDERTAKER	**ADDRESS**
Henry Knabe & Son	1301 E. Eager

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97390

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97390

CERTIFICATE OF DEATH.

10 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp. ST.; V-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Sajvaj

(a) RESIDENCE. No. 1722 Alicanda St ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 8, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sosnowiec Poland

PARENTS

10 NAME OF FATHER Andrew Sajvaj

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Novak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Elizabeth Kurek (niece)
(Address) 625 S Bonding

Filed APR 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to April 14, 1925, that I last saw her alive on April 14, 1925, and that death occurred, on the date stated above, at 2.00 a m.

The CAUSE OF DEATH* was as follows:

Nasal, Pharyngeal & Laryngeal Diphtheria

(duration) yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Diphtheria Culture

(Signed) Myron G. Tull, M. D.

4/14 1925 (Address) Sydenham, Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary.	Apr. 15, 1925
20 UNDERTAKER	ADDRESS
M F. Sadowski.	705 S. Ann.

Spec.—1-10-21—M&T—1500 Bks.

D 97391 (Orzechowski) D 97391

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S. Ann ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Petronela Orzechowski

(a) RESIDENCE NO. 805 S. Ann ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lorenz Orzechowski

6 DATE OF BIRTH (month, day, and year) 7-11-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Orzogrodzie Poland

PARENTS

10 NAME OF FATHER Joseph Karmierczak

11 BIRTHPLACE OF FATHER (city or town) Warszawy (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Teofilja Likerke

(Address) 805 S. Ann

Filed APR 14 1925 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 " 1925

17 I HEREBY CERTIFY, That I attended deceased from January 5 , 1925 , to April 12 , 1925 , that I last saw h alive on April 12 , 1925 and that death occurred, on the date stated above, at 5 30 , m

The CAUSE OF DEATH* was as follows:

Senile Neurasthenia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Albumen - Hematuria

(Signed) L. J. Janowski M. D.

4-13-1925 (Address) 2042 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Apr 16 1925
20 UNDERTAKER	ADDRESS
M. F. Sadowski	705 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

D 97392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-02 D 97392

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Genl Hosp. 8 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Barriman Eisel

(a) RESIDENCE No. 1744 Darley Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant — 500

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md —

PARENTS

10 NAME OF FATHER Jos. Eisel

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md —

12 MAIDEN NAME OF MOTHER Marie Hirst.

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Marie Hirst. (Address) 1744 Darley Ave

15 4 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925

17

I HEREBY CERTIFY, That I attended deceased from April 11 , 1925 . to Apr 14 , 1925 .

that I last saw him alive on Apr 14 , 1925

and that death occurred, on the date stated above, at 2 30 A m.

The CAUSE OF DEATH* was as follows:

Difficult Birth - Breech Extraction

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of —

Was there an autopsy? Yes —

What test confirmed diagnosis? Autopsy —

(Signed) J. E. Peterman , M. D.

, 19 (Address) 213 Leyden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	4/16/ 1925
20 UNDERTAKER	ADDRESS
J. J. Foley Sons	131 Leyden

D 97393

HEALTH DEPARTMENT—CITY OF BALTIMORE

003

188 D 97393

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at 7-1 Registered No. C.....

City of BALTIMORE: (No. Bayview Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. O'Connor

(Residence in Baltimore: No. 1010 Mc Donough St.; yrs. 57 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: not known ..... (Month) ..... (Day) ..... (Year)

7-AGE: about 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, Profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Sanford Brooks Co Contractors

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Michael O'Connor

11-BIRTHPLACE OF FATHER, (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. O'Connor

(Address) 1010 McDonough St

15-

APR 14 1925

Robert F. Harrison, 192 .....
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 13 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy, or Inquiry.) thereon and from the evidence obtained by said ..... Investigation (Inquest, autopsy or Inquiry.) and that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull
Extending from Frontal to
Base
(Duration) ..... yrs. ..... mos. Sudden

CONTRIBUTORY (Secondary) Hemorrhage
From (Duration) Sudden mos. ..... ds.

(Signed) James M. Hundon M. D.
(Coroner.)

April 14 1925 (Address) 700 Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Wilson M.E. Church Cemetery
Long Green Maryland April 16 1925

20-UNDERTAKER. ADDRESS
Henry Hoeck Son 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

D 97394

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97394

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Poultney ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Walterspiel

(a) RESIDENCE NO. 28 Poultney ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): March 3 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Martin Walterspiel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Martin Walterspiel (Address): 28 Poultney St.

15 Filed [illegible], 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-13 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1924, to April 12, 1925.

that I last saw her alive on April 12, 1925.

and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Superior maxillary bone

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

(Address) 837 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C & Co — DATE OF BURIAL: 4-16 1925

20 UNDERTAKER: [illegible] Harle 115 — ADDRESS: E West St

Spec.—1-10-21—M&T—1500 Bks.

1916 97395

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-091 D 97395

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 3 - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Thomas

(a) RESIDENCE No. 1011 Watson St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Sam Thomas

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Jennie ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records (Address) Johns Hopkins Hosp

15 Robert F. Harrison, Registrar

APR 14 1925 19 Official Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March 7 - , 1925, to April 6 - , 1925,

that I last saw him alive on April 6 - , 1925,

and that death occurred, on the date stated above, at 11-38 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Empyema, Abscess of chest wall (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Camp

Did an operation precede death? Yes Date of March 13 '25

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen M. D.

Apr 14, 1925 (Address) Johns Hopkins Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health. ADDRESS

APR 14 1925

Per Wm. E. Woodall

Spec.—1-10-21—M&T—1500 Bks.

D 97396

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97396

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore Md. ST., 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Saunders

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant - (Address) Bay View Hospital, Maryland. Md.

15 Filed APR 14 1925, 19 Robert P. Harrison, Registrar

03765 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 19 25

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1925, to April 11-, 19 25, that I last saw her alive on April, 10, 19 25 and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Terminal Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Maniacal Excitement

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry G. Hoover M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND, DATE OF BURIAL APR 14 1925

20 UNDERTAKER Commissioner Health, ADDRESS

D 97397 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97397

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No.) South Baltimore General Hospital. (St.) 23-7 (Ward) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Jos. Rauscher.

(Residence in Baltimore: No.) 1121 Marshall St. (St.; yrs.) 28 (mos.) 6 (ds.) 11

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed, or Divorced. (Write the word.): Married.

6-DATE OF BIRTH: October 1, 1896 (Month) (Day) (Year)

7-AGE: 28 yrs. 6 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer): 023

9-BIRTHPLACE (State or Country): Austria.

PARENTS

10-NAME OF FATHER: Antone Rauscher.

11-BIRTHPLACE OF FATHER, (State or Country): Austria.

12-MAIDEN NAME OF MOTHER: Mary Braunbart.

13-BIRTHPLACE OF MOTHER, (State or Country): Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincenzina Rauscher.(wife)

(Address) 1121 Marshall St.

15- Filed 14 1925 192 Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 12, 1925 (Month) (Day) (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

April 13, 1925 (Addr.) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death, ... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Apr 15 1925

20-UNDERTAKER: John Ellis ADDRESS: 2008 Eden

Spec.—1-10-21—M&T—1500 Bks.

D 97398

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97398

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2422 Lanvale Ave ST. 20-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Downey

(a) RESIDENCE NO. 2422 Lanvale Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Anthony Downey.

6 DATE OF BIRTH (month, day, and year) Dec. 7-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house-work.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Springfield Vt.

PARENTS

10 NAME OF FATHER Frederick Crain

11 BIRTHPLACE OF FATHER (city or town) Walpole (State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Martha B. Williams

13 BIRTHPLACE OF MOTHER (city or town) Springfield (State or country) Vt.

14 Informant Helen Downey

(Address) 2422 Lanvale Ave.

15 4-14-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12-1925

17 I HEREBY CERTIFY, That I attended deceased from April 1- , 1925, to April 13- , 1925, that I last saw her alive on April 12 , 1925, and that death occurred, on the date stated above, at 4:57 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Influenza.

(duration) — yrs. — mos. 19 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	4/15 1925

20 UNDERTAKER Henry U. Myers Asst. Emb. ADDRESS 805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

D 97399

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97399

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Maldien St., 21-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Burton

(a) RESIDENCE NO. 1025 Maldien ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Burton

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1862	4	7.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paperhanger.

(b) General nature of industry, business, or establishment in which employed (or employer) 152

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Little Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Wootten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Annie L. Burton,

(Address) 1025 Maldien St.

15 Filed 4 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13th 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr. 10th, 1925, to Apr 13th, 1925, that I last saw h[illegible] alive on Apr 12, 1925, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Edw. Greenfield, M. D.

, 19 (Address) 517 Scott Ct

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leadenhall Baptist Cemetery

DATE OF BURIAL 4/15 1925

20 UNDERTAKER Clarence G. Greenfield

ADDRESS 776 Hamburg

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97400

D 97400

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Balt. general Hospital.

CITY OF BALTIMORE: (No. Rayner Ave & Dulaney ST. 4 WARD)

2-FULL NAME Mr John Eisenhauer

(a) RESIDENCE No. 224 S. Bruce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 8 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ~~Roots Hall~~ md. Baltimore.

PARENTS

10 NAME OF FATHER John Eisenhauer

11 BIRTHPLACE OF FATHER (city or town) Balt md
(State or country)

12 MAIDEN NAME OF MOTHER Rachel Holly

13 BIRTHPLACE OF MOTHER (city or town) Balt. md
(State or country)

14 Informant Hospital Records
(Address)

15 Filed APR 14 1925 Registrar Henry F. Harrison
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/12/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/9/ , 1925 , to 4/12/ 1925, that I last saw him alive on 4/12/25 , 1925, and that death occurred, on the date stated above, at 7.10 a m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus
Chronic nephritis.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute anemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Jas Hunt Wilkinson M.D.

, 19 (Address) Walbert Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Apr 15 19 25

20 UNDERTAKER Harry H. Veitch — ADDRESS 1531 W. Lombard St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

97401

HEALTH DEPARTMENT—CITY OF BALTIMORE

97401

CERTIFICATE OF DEATH.

REGISTERED No. 26-117

1-PLACE OF DEATH Maryland Gen. Hosp

CITY OF BALTIMORE: (No. Madison St. ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Kreszenz Wenger

(a) RESIDENCE No. 1019 E. Clinton ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Wenger (deceased)

6 DATE OF BIRTH (month, day, and year): June 5, 1861

7 AGE: Years 59 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Henry Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Julie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Daughter

(Address): 1019 E. Clinton St.

15 Filed , 19 Registrar

T4 1825

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 8 , 1925, to Apr. 12 , 1925,

that I last saw h[illegible] alive on Apr. 12 , 1925,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Ac. Gangrenous Appendicitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Peritonitis

(duration) yrs. mos. 15 days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Apr 9

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Topham M. D.

, 19 (Address) 1 E Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem.

DATE OF BURIAL: April 15 1925

20 UNDERTAKER: Lilly and Zeller

ADDRESS: 1038 Mad St

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97402

CERTIFICATE OF DEATH.

51 D 97402

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 5 7th ST.: 76-6 WARD)

2-FULL NAME Elizabeth Hinkold

(a) RESIDENCE. NO. 716 5 7th ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Hinkold

6 DATE OF BIRTH (month, day, and year): June - 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address):

15 Filed 4 1925, 19 Robert V. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/12 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/26, 1925, to 4/12, 1925; that I last saw h[illegible] alive on 4/11, 1925, and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Chronic Nephritis (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

4/13, 1925 (Address) 1333 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	April 15 1925
20 UNDERTAKER: Lilly and Zeller	ADDRESS: 103 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97403

CERTIFICATE OF DEATH.

D 97403

REGISTERED NO. 901 ✓ 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28-1 WARD)

2-FULL NAME George Garies

(a) RESIDENCE NO. Mt Hope Retreat ST. 28 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
ab 64		0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious - 065

(b) General nature of industry, business, or establishment in which employed (or employer) Religious Work -

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Garies

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria (?)

12 MAIDEN NAME OF MOTHER B. Beckhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Zechlin Germany

14 Informant Records of Mt Hope

(Address) Mt Hope Baltimore Md

15 Filed . 19 Robert P. Harrison, Registrar

14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 4 1925 to Apr 13 1925.

that I last saw h[illegible] alive on Apr 13 1925.

and that death occurred, on the date stated above, at 1. P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Coma

Chr - Nephritis -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Pyelonephritis.

(duration) 0 yrs. 0 mos. 10 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL April 16, 19 25

20 UNDERTAKER Lilly & Julius 603 S. Wolfe St.

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

D 97404

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 97404

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Ricciotti

(a) RESIDENCE NO. 814 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Fred Hasby

(Address) 693 Lanvale St

15 Filed 4-14-1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1925

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to April 12, 1925, that I last saw him alive on April 11, 1925, and that death occurred, on the date stated above, at 3.00 A m.

The CAUSE OF DEATH* was as follows:

Gastritis & Enteritis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Alcoholic Poisoning, from drinking bad liquor (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Thos. Worthington, M. D.

4-14 1925 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 4/16/25

20 UNDERTAKER Bonnie Easton ADDRESS Balto

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97405

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97405

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1050 W Saratoga St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Wallace

(a) Residence No. 1050 W Saratoga St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX fem

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Sing

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) ? 1907

7-AGE, 18 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9-BIRTHPLACE (city or town) Balto City

(State or Country) md

PARENTS.

10-NAME OF FATHER W. H. Wallace

11-BIRTHPLACE OF FATHER (city or town)

(State or Country) Md

12-MAIDEN NAME OF MOTHER, Kate Brown

13-BIRTHPLACE OF MOTHER (city or town)

(State or Country) Md

14- (Informant) W. L. Wallace

(Address) 1050 W Saratoga

15- Filed 14 1925 Robert P. Harrison, 192 Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/13/1925

17- I HEREBY CERTIFY, That I attended deceased from April 11, 1925, to April 13, 1925,

that I last saw h alive on April 13, 1925,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

April, 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 4/16/25, 19

20-UNDERTAKER: Dane Eaton — ADDRESS 916 Pa Ave

D 97406

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97406

CERTIFICATE OF DEATH.

4 T 19 — 4-1

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. NEW FAYETTE HOTEL St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME JARRETT FRED NICHOLS SHERIDAN

(Residence in Baltimore: No. (GLYNDON, MARYLAND) St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
MALE	WHITE	Single

6-DATE OF BIRTH: OCTOBER (Month) 15 (Day) 1886 (Year)

7-AGE: 38 yrs. 5 mos. 28 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): (unemployed) 066

9-BIRTHPLACE, (State or Country): Towson, Maryland

PARENTS:

10-NAME OF FATHER: Columbus Sheridan

11-BIRTHPLACE OF FATHER, (State or Country): Balto. Co., Md.

12-MAIDEN NAME OF MOTHER: Mary Collins

13-BIRTHPLACE OF MOTHER, (State or Country): Orange Grove, Balto. Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Ralph M. Sheridan, (brother)

(Address): 643 Adams Ave., Scranton, Penna.

15-

Filed APR 14 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, au~~topsy or inquiry.~~) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet Wound in Brain

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. B. Emmett M. D. (Coroner)

4-13 1925 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State 38 yrs. 5 mos. 28 ds.

Where was disease contracted, if not at place of death? New Fayette Hotel

Former or usual residence Glyndon, Md.

19-PLACE OF BURIAL OR REMOVAL: Camp Chapel, Balto. Co., Md. — DATE OF BURIAL: April-15-'25

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec–12-23-21–E.B.R.S.–400 Bks.

D 97407

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97407

CERTIFICATE OF DEATH.

16 - 129

1-PLACE OF DEATH

City of BALTIMORE. (No. 1007 Brantley Ave St., 16 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Moore Craig

(a) Residence No. 1007 Brantley Ave St., Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? 69 yrs. 10 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Craig

6-DATE OF BIRTH (month, day and year) May 18-1855

7-AGE. 69 yrs. 10 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Post office

(b) General nature of industry, business, or establishment in which employed (or employer) Store room

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm. Craig.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER, Emily Hagerty

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Geo. C. Shannon
(Address) 700 Fulton Ave

15- filed APR 14 1925

Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 13/25

17- I HEREBY CERTIFY, That I attended deceased from January 7 1925 to April 13 1925 that I last saw h. alive on April 12 1925 and that death occurred, on the date stated above, at 5.30a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ..... yrs. 3 mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) Geo C Shannon M. D.

April 13, 1925 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. April 15, 1925

20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97408 D 97408

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 329 Hawthorne Rd ST., 27 WARD) 27 - 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Fredericka Stakeman

(a) RESIDENCE NO. 329 Hawthorne Rd ST., 27 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ? ds. How long in U. S., if of foreign birth? 70 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Stakeman

6 DATE OF BIRTH (month, day, and year) Oct 5 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) unknown Germany

PARENTS

10 NAME OF FATHER August Krueger

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Minna Keller

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) Germany

14 Informant Mrs Emma S. Ebeling (daughter)

(Address) 329 Hawthorne Rd.

15 Filed 4 14 1925, 19 Robert P. Harrison, Registrar

Buried Forest Cliff

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec-18, 1924, to Apr. 13, 1925.

that I last saw h alive on Apr. 10, 1925.

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Senile Arterio-Sclerosis,

Chronic Myocarditis,

Mitral Regurgitation

(duration) 5 yrs. 7 mos 2 ds.

CONTRIBUTORY (Secondary) Acute Septic Bronchitis

(duration) — yrs. 3 mos. 25 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. Gibson Foster, M. D.

4/13/1925 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trenton - N.J. DATE OF BURIAL April 15 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

D 97409

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97409

CERTIFICATE OF DEATH.

100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. Castel Street ST., 2 WARD 1

2-FULL NAME Joseph. Arczyk

(a) RESIDENCE NO. 409 S. Castel Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Veronika . Arczyk

6 DATE OF BIRTH (month, day, and year) Feb. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Balto. City

(b) General nature of industry, business, or establishment in which employed (or employer) Highway Dept.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Veronika. Arczyk
(Address) 409 S. Castel Street

15 14 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/12/25 19

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to March 12, 1925, that I last saw him alive on March 11, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(Terminal)
(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Splenomyelogenous Leukemia
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kruger, M. D.

19 (Address) 2627 Eastern ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: April 15 1925

20 UNDERTAKER: John McWeber ADDRESS: 1803 Bank St

HOW TO FILL OUT BLANK CERTIFICATES: Use typewriter, if possible. See instructions on reverse side.

Spec.—8-24-14—M. & T.—2000 Bks.

D 97410

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97410

CERTIFICATE OF DEATH.

REGISTERED NO. C 8161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 E Hoffman ST.; 8 WARD) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mina Taylor

(Residence in Baltimore: No. 2620 E Hoffman St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 12 (Day), 1925 (Year)

7-AGE, ...yrs. ....mos. 1/6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Mr. Louis Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Mary Fraunholz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Louis Taylor

(Address) 2620 E Hoffman St.

15-

Filed ....Robert P. Harrison.... Registrar.

4 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1925, to April 13 1925, that I saw her alive on April 13 1925, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage occurring at birth - (mouth, tearing, Slight Contraction of Pelvis & dry labor

(Duration) ....yrs. ....mos. 1/6 ds.

CONTRIBUTORY (Secondary) as ator

(Duration) ....yrs. ....mos. 1/6 ds.

(Signed) William R. Traught M. D.

4/14/25, 1925 (Address) 16 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, 4-15, 1925

20-UNDERTAKER E. B. Hark — ADDRESS 115 E Lexington St

Spec.—1-10-21—M&T—1500 Bks.

D 97411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12/ D 97411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 St Paul ST., 12 WARD) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha J. Getz

(a) RESIDENCE NO. 1700 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Late Henry A. Getz

6 DATE OF BIRTH (month, day, and year) Feb 22nd 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Allentown Penna

PARENTS

10 NAME OF FATHER B. J. Hagenbuck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Allentown Penna

12 MAIDEN NAME OF MOTHER Lusia Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Allentown Penna

14 Informant: H. C. Steckel (Address) 1700 St Paul St

15 Filed ..., 19 ... Robert F. Harrison, Registrar.

R 14 1025 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Apr 13, 1925, that I last saw h[illegible] alive on Apr 13, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chr. Bright's Disease

8 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry E. Wilson, M. D.

, 19 (Address) 13 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Allentown Penna — DATE OF BURIAL: April 16 1925

20 UNDERTAKER: Henry M Jenkins & Sons — ADDRESS: Orchard & McCollough

D 97412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97412

1-PLACE OF DEATH

City of BALTIMORE: (No. Womens Hospital 14 — 2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Mercier

(Residence in Baltimore: No. 242 Roberts Av. St.; yrs. 42 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): single

6-DATE OF BIRTH: about (Month) (Day) 1870 (Year)

7-AGE: 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Howard Co. Md.

PARENTS:

10-NAME OF FATHER: Silas Mercier

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Sarah Hall

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. A. Mercier

(Address) 4043 Park Heights Av

15- Filed 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Street car accident

(Duration) yrs. mos. ds.

(Signed) J. J. T. Hennessy M. D. (Coroner.)

April 14 1925 (Address) 2802 Edmondson Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: April 16, 1925

20-UNDERTAKER: George J. Smith

ADDRESS 152 Saratoga St

Spec.—1-10-21—M&T—1500 Bks.

D 97413

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97413

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST.) 20 - 4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Brashears

(a) RESIDENCE NO. 325 Fort Hill Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 18 1872

7 AGE: 53 yr.

Years	Months	Days	If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: William Timmons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emily Groves

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Municipal Hospital Records (Address)

15 Filed 4 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14 1925

17

I HEREBY CERTIFY, That I attended deceased from March 31, 1925 to April 14, 1925.

that I last saw her alive on April 14, 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervex

(duration) 2 yrs. 6 mos (History) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

4/4/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: April 17 1925

20 UNDERTAKER: George J. Smith — ADDRESS 1532 Hollins

THIS IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97414 ✓ 129 D 97414

CERTIFICATE OF DEATH.

D 97414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Lewiston Avenue ST., 27-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena W. Andrews

(a) RESIDENCE NO. 10 Lewiston Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Andrews

6 DATE OF BIRTH (month, day, and year) Mar 15 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Omaha (State or country) Nebraska

PARENTS

10 NAME OF FATHER Carroll Sunderland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant W. S. Andrews (Address) 10 Lewiston Avenue

15 Filed 4 1925 Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 15 1925 to April 13 1925 that I last saw h alive on aptil 12 1925 and that death occurred, on the date stated above, at 5.25 Am.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Poson Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) James S Ashurst M.D.

4-13 1925 (Address) 4012 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Apr 15 1925

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N Bath St

Spec.—1-10-21—M&T—1500 Blks.

D 80274 15

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97415

CERTIFICATE OF DEATH

1-PLACE OF DEATH John Hopkin Hospital

CITY OF BALTIMORE: (No. ..... ST., 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen C. Mc Calley

(a) RESIDENCE NO. 5008 Marella Rd ST., Hamilton, Md.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): H
(c) Name of employer: H

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Lawrence E. Mc Calley

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER Carolin[illegible] Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Records Johns Hopkin Hospital

15 FILED 4 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1925 to April 12, 1925 that I last saw h[illegible] alive on April 12, 1925 and that death occurred, on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH* was as follows:

Acute meningitis
(Hemolytic streptococcus)
(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? Yes Date of 4/10/25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: April 15 1925

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97416

CERTIFICATE OF DEATH. X 100 001

D 97416

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST., 11 WARD 7

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Miskens

(a) RESIDENCE NO. Sparrows Point Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lou Dickens

6 DATE OF BIRTH (month, day, and year): Jan 26 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Com. Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Bethlehem Steel Co

(Address) Sparrows Pt Md

15 4 1925 .19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-13-25 19

17 I HEREBY CERTIFY, That I attended deceased from 1-8-25, 19 , to 4-13-25, 19 , that I last saw him alive on 4-12-25, 19 , and that death occurred, on the date stated above, at 3 A 40 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 4705 N. Carlin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: SUMTER South Carolina — DATE OF BURIAL: April 14 1925

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

D 97417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-3 188 D 97417

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Jean Moore

(Residence in Baltimore: No. 1746 E. Lafayette Ave St.; yrs....., mos....., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Mar

6-DATE OF BIRTH. May 13-1874 (Month) (Day) (Year)

7-AGE. 50 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, J. Samuel Smith

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER, Mary S. Thomas

13-BIRTHPLACE OF MOTHER, (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Moore

(Address) 1746 E. Lafayette Ave

15-

Filed 4 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac failure due to probable injury to spinal cord (cervical) Automobile accident.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) I S H Polk M. D. (Coroner)

4-14-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery — DATE OF BURIAL. April 1925

20-UNDERTAKER. A. E. Hughes — ADDRESS 420 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97418 HEALTH DEPARTMENT—CITY OF BALTIMORE 101 97418

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 205 W. Henrietta St., 23rd Ward) Registered No. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Ann Diggs

(a) Residence No. 205 W. Henrietta St., 23rd Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): (?)

7-AGE: about 60 yrs. ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Calvert Co, Md,

PARENTS.

10-NAME OF FATHER: Wm Howard

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Calvert Co Md,

12-MAIDEN NAME OF MOTHER: Mary (!)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Calvert Co, Md

11- (Informant): Maria Green

(Address): 205 W. Henrietta St

15- FILED APR 15 1925 ROBERT R. KRAUTER, Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr. 13'25

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1925 to Apr 13 1925

that I last saw h[illegible] alive on Apr. 13 1925

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary): —

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) P. H. Harrod M. D

4/14, 1925 (Address) 1400 Hill St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Solomon Island — DATE OF BURIAL: April 15, 19

20-UNDERTAKER: Calvert Co Md — ADDRESS

H. S. Brown & Son

Patuxent River

Spec. 1-10-21 M&T 1500 Bks.

D 97419

HEALTH DEPARTMENT—CITY OF BALTIMORE

OK
AK Gorman

CERTIFICATE OF DEATH. D 97419

REGISTERED NO. 13 185 6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mun. Hosp. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie A. Mackenzie

(a) RESIDENCE NO. 2001 Allendale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (or) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, ~~or divorced~~
(or) WIFE of William Mackenzie

6 DATE OF BIRTH (month, day, and year) Feb - 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	79	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N. J.
(State or country)

PARENTS

10 NAME OF FATHER Sam'l Hooser

11 BIRTHPLACE OF FATHER (city or town) N. J.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Lawson

13 BIRTHPLACE OF MOTHER (city or town) N. J.
(State or country)

14 Informant Hospital Records
(Address)

APR 15 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1925, to April 14, 1925.

that I last saw her alive on April 14, 1925.

and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Fracture of head of femur, right. (2nd)

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) N. J. Lomas, M. D.

, 19 (Address) Mun. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Apr 16 1925

20 UNDERTAKER Edw. Lenz

ADDRESS 2026 E. Lan

Spec.—1-10-21—M&T—1500 Blks.

D 97420 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97420

17887420

CERTIFICATE OF DEATH. X 129

1-PLACE OF DEATH Johns Hopkins Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 12-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Robinson

(a) RESIDENCE No. 2418 N. Chas St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State) Virginia

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	30	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Rawlings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address): John Hopkins Hospital

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1925, to April 13, 1925.

that I last saw him alive on April 13, 1925,

and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos Owen, M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Apr 16 1925

20 UNDERTAKER: W. Cook — ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

B 97421 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 97421

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore St. Helena) ST., (WARD) 9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melissa Jane Harrison

(a) RESIDENCE NO. St Helena, Baltimore ST., Southern WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Harrison

6 DATE OF BIRTH (month, day, and year) Feb 25 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm J. Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sallie Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Oliver Harrison

(Address) St Helena Balto Md

15 Filed APR 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 25, 1925, to Apr 14, 1925, that I last saw her alive on Apr 13, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) Grippe & Bronchitis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Carmine M. D.

. 19 (Address) St Helena

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fillmore Island Md Apr 17 1925

DATE OF BURIAL

20 UNDERTAKER Wm Cook & L Ellis

ADDRESS Govn

Spec—12-23-21—E.B.R.S.—400 Bks.

HORSCHER

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

D 97422

97422

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1913 Gough St., V-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Horscher

(a) Residence No. 1913 Gough St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Sgle.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year)

7-AGE,	If LESS than 1 day,
... yrs. — mos. — ds.	... hrs. or 30 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Balto. Md.
(State or Country),

PARENTS:

10-NAME OF FATHER, Joseph Horscher.

11-BIRTHPLACE OF FATHER (city or town)..... Balto. Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Lula Lewandowska.

13-BIRTHPLACE OF MOTHER (city or town)..... Balto. Md.
(State or Country),

14- (Informant)..... Joseph Horscher.

(Address)..... 1913 Gough St.

15-

Filed ... 192 ... ROBERT B. ARMOUR, Burial Permit Clerk

APR 15 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 14 19 25 (to) April 14 19 25

that I last saw him alive on April 14 19 25

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(6 mos.)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Conrad Lewandowski, M. D.

, 19 (Address) 3579 Eastern Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
H. Stanislaus	Apr. 15. 1925

20-UNDERTAKER	ADDRESS
M. F. Sadowski	705 S. Ann St.

Spec.—1-10-21—M&T—1500 Bks.

D 97423

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 D 97423

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. Schroeder ST., 18-1 WARD)

2-FULL NAME Amanda Collick

(a) RESIDENCE NO. 310 N. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Collick

6 DATE OF BIRTH (month, day, and year): Sept 11, 1863

7 AGE: Years 61 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Worcester Co., Md

PARENTS.

10 NAME OF FATHER: Elsie Handy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Worcester Co. Md

12 MAIDEN NAME OF MOTHER: Leah Selby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cyprus Tree Worcester Co. Md

14 Informant (Address): Mrs. Collick, 310 N. Schroeder

APR 15 1925

ROBERT R. KRAUTER

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to April 14, 1925, that I last saw h- alive on April 14, 1925, and that death occurred, on the date stated above, at 1.35 P. m.

The CAUSE OF DEATH* was as follows:

arteria-Sclerosis

(duration) Two yrs. mos ds.

CONTRIBUTORY (Secondary) hypocarditis

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & Symptoms

(Signed) John Eat. Lampier M. D.

4 14, 1925 (Address) 1402 N. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Apr 16, 25

20 UNDERTAKER: Sam W Cleaveland

ADDRESS: 400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97424

CERTIFICATE OF DEATH.

101-001

D 97424

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2032 McCulloh ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Henry Outerbridge

(a) RESIDENCE NO. 2032 McCulloh ST., 14 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE: 32 (Years / Months / Days)

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Scotland (Glasgow)

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (City or town) (State or country): Glasgow Scotland

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Glasgow Scotland

14 Informant: Deceased
(Address)

15 Filed APR 15 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April-15 1925

17 I HEREBY CERTIFY, That I attended deceased from April-7, 1925, to April-15, 1925, that I last saw him alive on April-15, 1925, and that death occurred, on the date stated above, at 6:45 A m

The CAUSE OF DEATH was as follows: Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman, M. D.

April 15, 1925 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lowell Cem — DATE OF BURIAL: Apr 16, 1925

20 UNDERTAKER: Sam W. Carson Son — ADDRESS: 1400 Madison

Spec.—1-10-21—M&T—1500 Blks.

Time of burial extended to April 15/25.

HEALTH DEPARTMENT—CITY OF BALTIMORE

179141 D 97425

CERTIFICATE OF DEATH.

J. Francis Stumpf
X65 asst. Emb.

REGISTERED NO. 97425

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1 WARD 2

2-FULL NAME Charles Haynie

(a) RESIDENCE NO. 1015 N. Broadway ST., WARD Reedville Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Laura Haynie

6 DATE OF BIRTH (month, day, and year) Aug 9-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager 609

(b) General nature of industry, business, or establishment in which employed (or employer) Fish Industry

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ? Va.

PARENTS

10 NAME OF FATHER Gerd. Haynie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Douglas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 15 1925, 19

ROBERT A. KRAUTER
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1925, to April 9, 1925, that I last saw him alive on April 9, 1925, and that death occurred, on the date stated above, at 5 10 a. m.

The CAUSE OF DEATH* was as follows:

Ac. Myeloid Leukaemia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen M. D.

April 10 1925 (Address) Johns Hopkins Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reedville Va. DATE OF BURIAL: April 15 1925

20 UNDERTAKER: Wm. E. Black ADDRESS: 927 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

D 97426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 97426

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 St Barbara St., 17-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Green

(a) RESIDENCE NO. 909 St. Barbara St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Green

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress 37

(b) General nature of industry, business, or establishment in which employed (or employer): Clean House

(c) Name of employer: Mrs Neil

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Alexander Bowles

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Sarah Swailes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Estelle Gist

(Address): 612 N. Calhoun St

APR 15 1925 Filed

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10 1925 to April 13 1925.

that I last saw h[illegible] alive on April 12 1925.

and that death occurred, on the date stated above, at 1:30 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis +

Nephritis 4

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

, 19 (Address) 10 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem

DATE OF BURIAL: April 15 1925

20 UNDERTAKER: Joseph A Farrell

ADDRESS: 2319 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

D 97427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97427

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 2009 Hargrove ST., 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah B. Spriggs

(a) RESIDENCE No. 2009 Hargrove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of ~~(or) WIFE~~ of John Spriggs

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Spriggs (Address) 2009 Hargrove St

15 Date APR 15 1925 ROBERT B. KRAUTER Registrar Bureau of Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13, 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 2, 1925, to Apr 13, 1925, that I last saw h alive on Apr 13, 1925, and that death occurred, on the date stated above, at 12:45 P m.

The CAUSE OF DEATH* was as follows: Gangrene, Right Foot) caused by accidental injury to Right Foot (Contd)

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. Garland Ashmead M. D.

Apr 15, 1925 (Address) 1534 E. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. DATE OF BURIAL: April 16 25

20 UNDERTAKER: Samuel T. Kemp ADDRESS 1078 Mt Street

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97428

CERTIFICATE OF DEATH.

9-17

D 97428

1-PLACE OF DEATH

City of BALTIMORE: (No 608 E 34 St. St., 9-17 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Hurst Nicklas

(a) Residence No. 608 E 34 St. St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Francis Nicklas

6-DATE OF BIRTH (month, day and year) May 7th 1851

7-AGE, 73 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Kent Co. (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Edwin Crouch

11-BIRTHPLACE OF FATHER (city or town) Kent Co. (State or Country) Md.

12-MAIDEN NAME OF MOTHER Mary Rebecca Hurst

13-BIRTHPLACE OF MOTHER (city or town) Kent Co. (State or Country) Md.

14-(Informant) Mrs Bowie

(Address) 608 N. 34 St

15-APR 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 14 1925

17- I HEREBY CERTIFY, That I attended deceased from April 13th 1925 to April 14th 1925

that I last saw h.. alive on.. April 13th 1925

and that death occurred, on the date stated above, at 3.25 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Jno M Murphy M.D.

4/14, 1925 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Bur	April 16 1925
20-UNDERTAKER.	ADDRESS.
W M Routson	223 E N Ave

Spec. 1-10-21—M&T—1500 Blks.

D 97429

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1710 W Lexington St (Ward) 9-6

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Black

(a) RESIDENCE No. 1710 W Lexington St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. D

PARENTS

10 NAME OF FATHER Samuel Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md. D

12 MAIDEN NAME OF MOTHER Secila Selby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. D

14 Informant Mary Black
(Address) 1710 W. Spring St

15 APR 15 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1925, to April 13, 1925, that I last saw h alive on April 13, 1925, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Arteriosclerosis complicated with Hemiplegia (paralysis)

(duration) X yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) X yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Ed Heald, M. D.

, 19 (Address) 426 E 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	April 16 1925
20 UNDERTAKER Edward Bryson	ADDRESS 1631 Eden

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97436

CERTIFICATE OF DEATH.

129 D 97430

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1305 West st. ST., 9-1 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William. a. Shipley

(a) RESIDENCE NO. 1305 West st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Shipley

6 DATE OF BIRTH (month, day, and year): August 15 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor.

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Carroll County

PARENTS

10 NAME OF FATHER: Asbury. Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll County

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Clarence. E. Shipley.

(Address) 1305 West st.

15 Date Received: APR 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to April 13, 1925, that I last saw h alive on April 13, 1925, and that death occurred, on the date stated above, at 6-15 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. days ds.

CONTRIBUTORY (secondary) Cerebro Spinal Fever

(duration) yrs. months ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) A. A. Richardson M. D.

April 17 1925 (Address) 1120 W. 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	April 15 1925

20 UNDERTAKER	ADDRESS
George. J. Ruth	1735 Harford Ave

FROM IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97431 HEALTH DEPARTMENT—CITY OF BALTIMORE 29 ✓ D 97431

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S. Collington Ave 1-1 ST., WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Gunther

(a) RESIDENCE NO. 417 S. Collington ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sebastian Gunther

6 DATE OF BIRTH (month, day, and year) 4/31/1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87		2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Meisel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Gunther

(Address) 417 S. Collington Ave

15 Filed APR 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1925, to April 15, 1925.

that I last saw her alive on April 14, 1925

and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral arterio sclerosis

Chronic endocarditis -

Chronic nephritis ?

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Embolism (pulmonary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ~~Home~~

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dr. Geo. P. Feinglos, M. D.

4/15, 1925 (Address) 2002 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	4/18/25 19
20 UNDERTAKER George J. Reilly	ADDRESS 1735 Harford

TION is very important. See instructions on back of certificate.

E T Y

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97432

CERTIFICATE OF DEATH.

100-001

D 97432

1-PLACE OF DEATH Johns Hopkins Hosp

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 13 WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Tennette

(a) RESIDENCE No. 3937 Roland Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Tennette

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hettie Alstuir

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Parents (Address) Johns Hopkins Hosp

15 APR 15 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 - 1925

17

I HEREBY CERTIFY, That I attended deceased from April 7 - 1925 to April 14 - 1925.

that I last saw him alive on April 14 - 1925,

and that death occurred, on the date stated above, at 4 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Meningeal hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho - pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Manj Hampden — DATE OF BURIAL April 16 1925

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Road

TION is very important. See instructions on back of certificates.

S·A·F·E D·A·K

Spec.—1-10-21—M&T—1500 Bks.

D 1925.40
D 97433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97433

1-PLACE OF DEATH John Hopkins Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., WARD 9-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME D. Clayton Tankersley

(a) RESIDENCE NO. 1038 E. North Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12.	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER D. Elwood Tankersley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Emma M Ely

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Record Johns Hopkins Hospital

Filed APR 15 1925 ROBERT R. KRAUER, Burial Permit Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1925. to April 14, 1925.

that I last saw him alive on April 14, 1925.

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

1 Minor of Kidney

1a " of Spleen

1b " of Hematemesis

(duration) yrs. 5 mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of March 9

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Irvin Owen M.D.

April 14 1925 (Address) Johns Hopkins Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: April 16 1925

20 UNDERTAKER: W. Allen Fuller — ADDRESS: 2900 Garrison Blvd

IRON is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97434

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97434

CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Philadelphia Rd & 15th St., 26-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie M. Gordon

(a) RESIDENCE No. Philadelphia Rd & 15th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George B. Gordon Jr.

6 DATE OF BIRTH (month, day, and year) Jan 10th 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Conrad Funk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Schenning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant George B. Gordon Jr

(Address) Philadelphia Rd & 15th St

15 Filed APR 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22nd 1925 to April 13 1925, that I last saw h[illegible] alive on April 13 1925, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) none.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick W Herrman, M. D.

19 (Address) 913 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	4/16 1925
20 UNDERTAKER Philip Stewig	ADDRESS 2010 Orleans St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97435 ✓ D 97435

CERTIFICATE OF DEATH.

6-357

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 130 N Milton av (ST.:) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Fannie E. Grunewald

(a) RESIDENCE. No. 130 N Milton av ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Lee Henry Grunewald

6 DATE OF BIRTH (month, day, and year) Dec 2 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 4 27 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catharine Kuhle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Louise Tingley

(Address) 130 N Milton

15 Filed ..., 19... ROBERT R. KRAUTER, Registrar

APR 15 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to April 15, 1925, that I last saw her alive on April 14, 1925, and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H. Gruber, M. D.

April 15, 1925 (Address) 3100 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: 4/18 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 3016 Aliceanna

Spec.—12-23-21—E.B.R.S.—400 Blks.

D 97436 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97436

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., Ward) Registered No. 1-357

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida Efford

(a) Residence No. 606 Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Rosa Efford

6-DATE OF BIRTH (month, day and year) May 30 1882

7-AGE 42 yrs. 10 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Va.
(State or Country)

PARENTS.

10-NAME OF FATHER, L. J. Efford

11-BIRTHPLACE OF FATHER (city or town) Va
(State or Country),

12-MAIDEN NAME OF MOTHER, L. Vanlandingham

13-BIRTHPLACE OF MOTHER (city or town) Va
(State or Country),

14- (Informant) Rosa Efford
(Address) 606 N. Luzerne Ave

15- Filed 192 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 7/13/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 20/25 19 to 4/18/25 19 that I last saw h— alive on 4/13/25 19 and that death occurred, on the date stated above, at 12 20 m. The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple Abscess

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Abscess opened

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) K. W. Fooley M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood — DATE OF BURIAL, 4/16/ 1925

20-UNDERTAKER, Philip Haurig — ADDRESS 2010 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

D 97437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 S. Decker Ave ST., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward W. Rawleigh

(a) RESIDENCE NO. 902 S. Decker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Bertha M. Rawleigh

6 DATE OF BIRTH (month, day, and year): Sept 12 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cambridge Md

PARENTS

10 NAME OF FATHER: Ed. Rawleigh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Bertha M. Rawleigh 902 S. Decker Ave

15 Filed APR 15 1925 ROBERT R. KEATLEY Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 14 1925

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1925, to April 14, 1925.

that I last saw him alive on April 14, 1925.

and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert Livingstood, M. D.

4/15/1925 (Address) 613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md

DATE OF BURIAL: Apr 15 1925

20 UNDERTAKER: Philip Henry

ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 97438

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 Light ST.: 24th-1 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Marie Yeates

(a) RESIDENCE. No. 1011 Light. ST., 24th WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a ~~If married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Edward E. Yeates.

6 DATE OF BIRTH (month, day, and year) Sept 4, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER John Pringer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Frederick Ettel (Son)

(Address) 1011 Light St.

APR 15 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1925, to April 12, 1925, that I last saw her alive on April 12, 1925, and that death occurred, on the date stated above, at 10.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

19 (Address) 1293 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A&C	4-16 1925
20 UNDERTAKER	ADDRESS
E. B. Hart	1126 West Lafayette

Fill in all items if possible. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97439

CERTIFICATE OF DEATH.

31 D 97439

1-PLACE OF DEATH

City of BALTIMORE: (No. 707 S. Fiest St., No-5 Ward 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Rogers

(a) Residence No. 707 S. Fiest St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widow, or Divorced (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John E. Rogers

6-DATE OF BIRTH (month, day and year) Nov. 10-1893.

7-AGE. 31 yrs. 5 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. Casper Long

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Elizabeth K. Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

11- (Informant) John E. Rogers

(Address) 707 S. Fiest St.

15- Filed 192

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

PR 15 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 13-1925

17- I HEREBY CERTIFY, That I attended deceased from April 7 1925 to April 13 1925

that I last saw h. alive on April 13 1925

and that death occurred, on the date stated above, at 5.40 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds

CONTRIBUTORY (Secondary) Cancer

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. F. Lore M. D

April 14, 1925 (Address) 1701 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemy. DATE OF BURIAL. April 16 1925

20-UNDERTAKER, Zinkler & Zinkler ADDRESS 1739 E. Eager St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97440

CERTIFICATE OF DEATH.

100-001

D 97440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homeland Ave West of Park Heights Ave ST. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emelia Frances Tiemeyer

(a) RESIDENCE NO. Homeland Ave West of Park Heights Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Henry C. Tiemeyer

6 DATE OF BIRTH (month, day, and year) Jan 7, 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
57 yrs	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph Raiber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Henry C. Tiemeyer

(Address) Homeland Ave

15 APR 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1925

17

I HEREBY CERTIFY, That I attended deceased from April 6th, 1925, to April 12th, 1925; that I last saw h[illegible] alive on April 11, 1925 and that death occurred, on the date stated above, at 12 M

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hallam F. Hellman, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	April 15th 1925
20 UNDERTAKER	ADDRESS
Jos Joerdens + Son	217 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 97441

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-09

D 97441

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Windemere Ave ST.; 9-2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Elizabeth Treide

(Residence in Baltimore: No. 1711 Windemere Ave St.; yrs., 7 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 16 (Day), 1917 (Year)

7-AGE, yrs. 7 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Philip Treide

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Anna Miedwig

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Treide

(Address) 1711 Windemere Ave

15-

Filed APR 15 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1924, to Apr 15 1925, that I saw her alive on Apr 15 1925, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A. Baldwin M. D.

Apr. 15, 1925 (Address) 1014 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wood Lawn — DATE OF BURIAL, Apr. 16, 1925

20-UNDERTAKER Louis Heaman — ADDRESS 325 Broadway

Spec.—1-10-21—M&T—1500 Blks.

R80,77 R97442 — 97442

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

97-802

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. Sept 0 WARD)

2-FULL NAME George McCoy

(a) RESIDENCE NO. 900 Abraham ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year) ? 1902

7 AGE — Years: 23 — Months: . — Days: . — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER:

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Records (Address): John Hopkins Hospital

15 MAR 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1925, to April 10, 1925, that I last saw him alive on April 10, 1925, and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pneumococcus Sinusitis. (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis?

(Signed) Trevor Owen M. D.

Mch 16, 19 25 (Address) Johns Hopkins Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Elm — DATE OF BURIAL: 4/10 1925

20 UNDERTAKER: Jas. Wm. Skinner — ADDRESS: 1625 E. Broadway

IMPORTANT: See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 97443

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2700 Allan Ave ST.: 15-90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Kasle

(a) RESIDENCE No 2700 Allan Ave ST.. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Henry G. Kasle

6 DATE OF BIRTH (month, day, and year) Apr 14, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Marten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Julia Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Henry Kasle
(Address) 2700 Fallon Ave

15 Filed 1 5 1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1925, to April 13, 1925, that I last saw h alive on April 13, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John S. Bubert M. D.

, 19 (Address) 1854 East Hoffman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Apr 16 25

20 UNDERTAKER W. S. Marshall ADDRESS 3537 Fall Rd

This is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

-001

) 97444

CERTIFICATE OF DEATH.

X 101 D 97444

1-PLACE OF DEATH

City of BALTIMORE: (No. Lafayette & Mt. Royal Aves 14 St. —n Ward) Registered No.

2-FULL NAME Patrick P. O'Donnell

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Lafayette & Mt Royal Aves St. Ward Ashley Cas.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced. (Write the word.) Single

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 15—1875

7-AGE: 49 yrs. 8 mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Trainer 086
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Business
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Penna

PARENTS:
10-NAME OF FATHER: Andrew O'Donnell
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland
12-MAIDEN NAME OF MOTHER: Fannie Canahan
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-Informant: Margaret Baker
(Address): Lafayette & Mt. Royal Aves.

15-Filed 5 1925, 192. Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 14—1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 12, 1925 to Apr 14, 1925 that I last saw h— alive on Apr 14, 1925 and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George L Brand M. D.

4/15, 1925 (Address) 1610 Mt Royal Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 4/16, 1925

20-UNDERTAKER: Chas F. Evans & Son — ADDRESS: 1810 Mt Royal Ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97445

CERTIFICATE OF DEATH.

D 97445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Jackson

(a) RESIDENCE NO. 1501 Eastern Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Oklahoma
(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Municipal Hospital Records
(Address)

Filed APR 15 1925, 19 Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1925

17

I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to April 12, 1925,

that I last saw him alive on April 12, 1925,

and that death occurred, on the date stated above, at 9:40a m.

The CAUSE OF DEATH* was as follows:

Meningitis - pneumococcus

(duration) yrs. mos. 7 (History) ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller, M. D.

4/13, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER [illegible]

ADDRESS [illegible]

APR 15 1925

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97446

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97446

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1109 Whatcoat ST., 16 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Carter

(a) RESIDENCE No. 1109 Whatcoat ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-14-25

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.
~~5 months~~ Premature				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): 1109 Whatcoat St Balto Md

PARENTS

10 NAME OF FATHER: Frank Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Alice Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Northumberland Co Va.

14 Informant (Address): Brother 1109 Whatcoat St

15 Robert P. Harrison, Registrar

APR 15 1925

Public Health Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-14, 1925, to 4-14, 1925, that I last saw her alive on 4-14, 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Premature development

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) exposure to air

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? on mother

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? examination

(Signed) Dwight Bandley, M. D.

, 19 (Address) 1172 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL ... 19 ...

20 UNDERTAKER: Commissioner Health — ADDRESS

APR 15 1925

Wm. R. Woodall

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97447

CERTIFICATE OF DEATH.

X 101 001

D 97447

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard Street, 4 - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Fowble

(a) RESIDENCE NO. Ellicott City Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married.

5a If married, widowed, or divorced HUSBAND ~~of~~ (or) WIFE of Edward Fowble

6 DATE OF BIRTH (month, day, and year) Oct 2 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boarding House

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md

PARENTS

10 NAME OF FATHER Edward A Hellwinger

11 BIRTHPLACE OF FATHER (city or town) Ellicott City (State or country) Md

12 MAIDEN NAME OF MOTHER Loretta Hellwinger Jemick

13 BIRTHPLACE OF MOTHER (city or town) Ellicott City (State or country) Md

14 Informant Mrs Loretta Hellwinger (Address) Ellicott City Md.

15 Filed APR 15 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 15. 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr. 8. 1925, to Apr. 15. 1925.

that I last saw him alive on Apr. 15 1925,

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis.

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? None. Date of Apr. 8.

Did an operation precede death? Yes

Was there an autopsy? no.

What test confirmed diagnosis? operation

(Signed) H Schwarz M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Ellicott City — DATE OF BURIAL: Apr 17 1925

20 UNDERTAKER T. F. Higinbothom Jr. — ADDRESS Silver Spring Md

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D. 97448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 97448

1-PLACE OF DEATH

City of BALTIMORE: (No. 217 W. Lanvale St., St., 11-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Foree Bready

(a) Residence No. 217 W. Lanvale St., St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Yewell Bready

6-DATE OF BIRTH (month, day and year) March 20, 1880

7-AGE.	If LESS than 1 day,
45 yrs. mos. 24 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Erie
(State or Country), Pa.,

PARENTS.

10-NAME OF FATHER Henry F. Garey

11-BIRTHPLACE OF FATHER (city or town)
(State or Country), Missouri

12-MAIDEN NAME OF MOTHER Clara McCann

13-BIRTHPLACE OF MOTHER (city or town)
(State or Country), New York

14- (Informant) Mrs J. Spencer Clark

(Address) 11 W. 25th St.,

15- APR 15 1925 192 Robert P. Harrison, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 14/25

17- I HEREBY CERTIFY, That I attended deceased from March 10th 1925 to April 14th 1925

that I last saw her alive on April 13th 1925

and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-nephritic disease
(Hypertension)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J. W. Keown M. D

Apl 15/ 1925 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Louden Park	4/16/25

20-UNDERTAKER.	ADDRESS
Henry W. Myers & Son	805 N. Calvert St.

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 97449

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001 ✓ D 97449

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3719 Clairmont St ST., 76 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luigi Trotta

(a) RESIDENCE NO. 3719 Clairmont St ST. 26 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vittoria Trotta

6 DATE OF BIRTH (month, day, and year) Jan. 29-1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Rosario Trotta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria A. Trinlis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Libuta Trotta

(Address) 141 S. Fifth St.

15 5 1925 Robert P. Harrison, ..., 19 ... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1925

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to April 13, 1925, that I last saw ... alive on April 13, 1925, and that death occurred, on the date stated above, at 10.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) ... yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Antigiani, M. D.

, 19 (Address) 24 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL April 17 1925

20 UNDERTAKER Lilly & Zuke ADDRESS 1038 N Wolfe St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Notivity)

D 97450

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97450

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Convent of Good Shepherd 70-3 Ward) Registered No.

2-FULL NAME Sister Mary Josephine

(a) Residence No. Convent of Good Shepherd Ward Catherine Ave

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 26-1850

7-AGE, 76 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer) Convent

(c) Name of employer do

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), "

14- (Informant) Mother Superior

(Address) Convent of Good Shepherd

15- Filed 192

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/14/25

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1924 to Ap. 14 1925

that I last saw h[illegible] alive on Apr. 14 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Carcinoma of Cervix

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/15/25

Was there an autopsy? no

What test confirmed diagnosis? Section of Growth

(Signed) J. Owens M. D.

4/15. 1925 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Cathedral DATE OF BURIAL, Apr. 16 1925

20-UNDERTAKER. George Lehman ADDRESS 601 Park Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97451

CERTIFICATE OF DEATH.

10 001 ✓

10 D 97451

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 219 N. Port St. 6-3 (WARD) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Hinkler

(a) RESIDENCE No. 219 N Port ST. WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Lena C Hinkler

6 DATE OF BIRTH (month, day, and year) Nov 7th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Sexton 47

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Frederick Hinkler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Lena C Hinkler 219 N Port St

15 Filed APR 15 1925 16 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 14 1925

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to April 14, 1925, that I last saw her alive on April 14, 1925, and that death occurred, on the date stated above, at 10 15 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Charles Heer, M. D.

19 (Address) 405 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
5th Reformed Cem	April 16 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2160 Eastern Ave

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

D 97452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 182 D 97452

1-PLACE OF DEATH W. Md. Coal Pier. Registered No. C.....

City of BALTIMORE: (No. Off Port Covington St. 24-5 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Cummings O. Martin.

(Residence in Baltimore: No.... Portland, Me. St.; yrs.. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. November 13, 1867.
(Month) (Day) (Year)

7-AGE. 57 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work..... Mate on
(b) General nature of industry, business, or establishment in which employed (or employer) S/S Munalbro.

9-BIRTHPLACE. (State or Country) Portland, Me.

PARENTS

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER. (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles B. Davis.

(Address) Portland, Me.

15- Feb 15 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Missing February 10, 1925 Body found floating April 11, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental fall from a ship.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Leonhardt (Coroner) M. D.

April 14 1925 (Address) 101 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. Portland Me. DATE OF BURIAL. April 16 1925

20-UNDERTAKER. Geo. A. Little ADDRESS 2700 Edmondson Av

Spec. 1-10-21 M&T 1500 Blks.

D 97453 HEALTH DEPARTMENT—CITY OF BALTIMORE 0 0 2 D 97453

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Parker

(a) RESIDENCE NO. 5808 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 8 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jesse A. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Mellit

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary Parker

(Address) 5808 York Road

15 APR 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1925, to April 15, 1925 (12 hours)

that I last saw her alive on April 16, 1925,

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Intussusception

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Terminal Bronchus pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Community Hospital

Did an operation precede death? yes Date of April 4/25

Was there an autopsy? No

What test confirmed diagnosis? Resection of Gut and Lateral x Ray

(Signed) P. S. Anderson, M. D.

, 19 (Address) Community Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	April 17 1925
20 UNDERTAKER	ADDRESS
Edward Carder	Hospital

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97454

CERTIFICATE OF DEATH.

46 ✓ D 97454

1-PLACE OF DEATH 1028 Cathedral St

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 11 WARD) -2

2-FULL NAME Carroll, Mary Bordieu Sterett

(a) RESIDENCE NO. 1028 Cathedral ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9th yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 31, 1872 April 14th 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
52	3 X	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Sterett Carroll

11 BIRTHPLACE OF FATHER (city or town) Glencoe (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Sterett Thompson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Elizabeth Maxwell Carroll (Address) 1028 Cathedral St.

15 Filed APR 16 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from August 2 1924, to April 14 1925; that I last saw h[illegible] alive on April 14 1925; and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows: Epithelioma (Vulva)

(duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Metastasis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 26-1924

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Chas W. Linthicum M. D.

4/15 1925 (Address) 1317 Park Ave. Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL April 16 1925

20 UNDERTAKER Henry W. Jenkins Sons ADDRESS McCulloh & Richard

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

97455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

97455

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Clifford

(a) RESIDENCE No. 2000 Oakley St - ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Clifford

6 DATE OF BIRTH (month, day, and year) July 14 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	19	9	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chocolate Dipper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Chocolate Product Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm K. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Charlotte D. Stubbing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto,

14 Informant Wm K. White
(Address) 2000 Oakley St.

15 APR 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otho B. Horton, M. D.
(Coroner.)
Apr 14 - 1925 (Address) Curtis Bay,

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Natural

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2000 Oakley Street

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 4/15 1925

20 UNDERTAKER Williams Cook Co

ADDRESS 502 E Nath ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97456

CERTIFICATE OF DEATH.

D 97456

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Hanmond Terrace ST. 17 WARD)

REGISTERED NO. 24-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Kennedy

(a) RESIDENCE No. 218 Hanmond Terrace ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Kennedy

6 DATE OF BIRTH (month, day, and year) Autumn 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Malak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Walter Kennedy

(Address) 218 Hanmond Terrace

15 Filed APR 16 1925 19

ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 11, 1925, to Apr 15, 1925, that I last saw her alive on Apr 14, 1925, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Hyde, M. D.

, 19 (Address) 1100 E. 30th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 4/18-1925

UNDERTAKER Edw. J. Trautson

ADDRESS 1181 W. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 97457

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 E. Madison St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Krause

(a) RESIDENCE NO. 1730 E Madison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (or) WIFE of HUSBAND of

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier Dry

(b) General nature of industry, business, or establishment in which employed (or employer) Department Store

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER Emanuel Krause

11 BIRTHPLACE OF FATHER (city or town) Baltimore City

(State or country)

12 MAIDEN NAME OF MOTHER Helen Kemeler

13 BIRTHPLACE OF MOTHER (city or town) Baltimore City

(State or country)

14 Informant Emanuel Krause

(Address) 1730 E. Madison St

15 APR 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1924, to April 14, 1925.

that I last saw h[illegible] alive on April 13, 1925

and that death occurred, on the date stated above, at 8-15 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Int. Nephritis

Duration yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No, Date of

Was there an autopsy? No, What test confirmed diagnosis? Clinical

(Signed) E B Britton, M. D.

, 19 (Address) 3316 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Ap. 16 19[illegible]

20 UNDERTAKER John Leeries

ADDRESS 208 Orleans

CAUSE OF DEATH must be plainly written, so that it may be copied correctly on certificates. TION is very important. See instructions on back of

D 97458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 D 97458

1-PLACE OF DEATH Pronounced Dead at — Registered No. C.....

City of BALTIMORE: (No. Jayview Hospital St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelo Passaro

(Residence in Baltimore: No. 604 S. Ellwood av St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Married

6-DATE OF BIRTH. Dec. (Month) 1 (Day) 1888 (Year)

7-AGE. 36 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer Hinge
(b) General nature of industry, business, or establishment in which employed (or employer) 080

9-BIRTHPLACE, (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Angelo Passaro

11-BIRTHPLACE OF FATHER. (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Anna Suriano

13-BIRTHPLACE OF MOTHER. (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Angelo Passaro

(Address) 604 Robinson

15- Filed APR 16 1925 by ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 15 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Endocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Thrombus in Coronary artery (Duration) yrs. Sudden mos. ds.

(Signed) James H. Fenton M. D. (Coroner.)

April 15 1925 (Address) 7 W. Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus — DATE OF BURIAL. Apr 18 1925

20-UNDERTAKER. John Ulsch — ADDRESS 208 S Oldham

If very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97459

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 D 97459

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 868 Tyson ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Butler

(a) RESIDENCE NO. 868 Tyson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Goochland Co. (State or country) Va.

PARENTS

10 NAME OF FATHER James Jackson

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Lavina Graham

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Catherine Butler (Address) 868 Tyson St

15 Filed APR 16 1925 ROBERT N. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13-1925

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1925, to April 13, 1925, that I last saw h[illegible] alive on April 10, 1925 and that death occurred, on the date stated above, at 9 15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? NV Date of

Was there an autopsy? no

What test confirmed diagnosis? D

(Signed) J. S. Markland, M. D.

19 (Address) 1207 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	4/16 1925
20 UNDERTAKER	ADDRESS
Samuel D Brusby	Mt Eden 38

CAUSE OF DEATH must be properly examined. Exact statement of doctor's TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97460 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97460

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 20 S. Washington ST.: 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Plichta

(a) RESIDENCE. No. 20 S. Washington ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
about	90			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hans Plichta
(Address) 20 S. Washington St

15 Filed APR 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to April 14, 1925, that I last saw h. alive on April 14, 1925 and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis, Chr. Nephritis, Arterio-Sclerosis.

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. Joseph Ziegler, M. D.

4/14, 1925 (Address) 1002 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	4/17 1925
21 UNDERTAKER	ADDRESS
William Fiasponick 1618	Eastern

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 13 D 97461

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Dayton & Bakeland Ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Williams Jr.

(a) RESIDENCE NO. Westminster Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 2 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Md.

PARENTS

10 NAME OF FATHER Ralph E. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ida Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant R. E. Williams

(Address) 1 St. Helena Ave

APR 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1925

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to April 15, 1925, that I last saw him alive on April 15, 1925, and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

Metastatic abscess of Kidney

" " of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Autopsy

(Signed) Jas. Hubert Wilkinson M. D.

19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md — DATE OF BURIAL Apr. 16th 1925

20 UNDERTAKER Harvey & Bankard — ADDRESS Westminster Md

CAUSE OF DEATH must be entered by physician in plain English. Abbreviations and symbols not permitted. Fill in all items so far as known. Use ditto marks only when they will not cause ambiguity. Answer every question by word or figure, or by a line (—) if there is none. Write plainly with pen and ink. Do not use lead pencil. Sign and return certificate promptly. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

179708 B 97462

CERTIFICATE OF DEATH.

13 D 97462

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Andrew Brown

(a) RESIDENCE NO. 1014 J. H. Sparrows Point WARD Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~or WIFE of~~: Kate Brown

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 49 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER Geoffrey Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Myra Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Record (Address) JOHNS HOPKINS HOSPITAL.

15 Filed APR 16 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1925, to April 15, 1925, that I last saw him alive on April 15, 1925, and that death occurred, on the date stated above, at 4 10 a. m.

The CAUSE OF DEATH* was as follows:

Renal calculi

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

Septicemia (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What (est confirmed diagnosis? Post. Mortem & Blood culture

(Signed) J. P. Good, M. D.

, 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Remington Virginia	April 18 1925
20 UNDERTAKER	ADDRESS
Peters Rice & Elliott	225 Eastland Ave

CAUSE OF DEATH MUST be properly classified. PART satisfactory to Registrar on back of certificates.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97463

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97463

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Belmont Ave. 9-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael J. Kuhlman

(a) RESIDENCE NO. above ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Catherine Kuhlman

6 DATE OF BIRTH (month, day, and year) July 9 1859

7 AGE Years Months Days — If LESS than 1 day, hrs. or min.

65 Years

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) — 015

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Kuhlman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Winkelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant John A. Kuhlman

(Address) 1218 Belmont ave.

15 APR 16 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/30, 1925, to 4/14, 1925, that I last saw h alive on 4/14, 1925, and that death occurred, on the date stated above, at 11.45-Pm.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx
Gland of Neck
about

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Cohen, M. D.

7/1, 1925 (Address) 914 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Redeemer Cmtry. April 18 1925

20 UNDERTAKER — ADDRESS

Geo. J. Rudd 1735 Hartford ave.

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97464

CERTIFICATE OF DEATH.

24-101-001

B 97464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 E Fort Ave ST., 24 WARD 1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincenzo Cinquegrani

(a) RESIDENCE NO. 706 E Fort Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 26 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Vincenzo Cinquegrani

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Emanuella Delugra

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frso Moto

(Address) 1455 Washington Blvd

APR 16 1925

HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15-1925

17 I HEREBY CERTIFY, That I attended deceased from 4/11 1925 to 4/15 1925 that I last saw him alive on 4/15 1925 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

4 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H J Darlington M. D.

4/15 1925 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 4/17 1925

20 UNDERTAKER Geo. J. Roth — ADDRESS 1735 Parkside

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

(Andrey Maximuk)

D 97465

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97465

CERTIFICATE OF DEATH.

6-3-90

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 108 N. Port St. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Maximuck

(Residence in Baltimore: No. 108 N. Port St. St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	mar

6-DATE OF BIRTH. unknown (Month) (Day) 1 (Year)

7-AGE. 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Repar Shop
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R. Co

9-BIRTHPLACE. (State or Country). Russia

PARENTS

10-NAME OF FATHER. Lanple Maximuck

11-BIRTHPLACE OF FATHER. (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Veria Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Maximuck

(Address) 108 N. Port St.

15- 16 1925 Robert P. Harrison, Registrar.

Deputy Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 15-25 (Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Class undetermined)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. H. Coen M. D. (Coroner.)

4-10-25 (Address) 503 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park DATE OF BURIAL. April 17 1925

20-UNDERTAKER. Jos. J. Herr ADDRESS 156 N. Luzerne

is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

D 97466

HEALTH DEPARTMENT—CITY OF BALTIMORE

97466

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Brosius or Lindenwood Ave ST., 27 WARD 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Marshall

(a) RESIDENCE NO. Brosius or Lindenwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E Marshall

6 DATE OF BIRTH (month, day, and year) June 27 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	00	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerking
(b) General nature of industry, business, or establishment in which employed (or employer) 009
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Howard A Marshall
(Address) 2419 Berkin ave

15 Filed R 16 1925 192 Robert P. HARRISON, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner)

(Address) 1632 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL April 17 1925

20 UNDERTAKER Kendall Apfelbaum ADDRESS 3738 Fm

TION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 97467

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97467

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 Ashton Street ST., 20-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin C. Swink

(a) RESIDENCE NO. 2539 Ashton Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 25, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Benjamin Swink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Acqua Virginia

12 MAIDEN NAME OF MOTHER Hazel Muriel Burkert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elizabeth New Jersey

14 Informant Benjamin C. Swink (Address) 2539 Ashton Street

15 Robert F. Harrison, Registrar

R 16 1925 .19 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 14 1925

17

I HEREBY CERTIFY, That I attended deceased from April 11 .1925 to Apr 14 .1925.

that I last saw him alive on April 14 .1925

and that death occurred, on the date stated above, at 7.35 P m

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Whooping

(Signed) Waldo C Bacon M. D.

4/14 1925 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Apr. 17 19 25
20 UNDERTAKER	ADDRESS
Geo. B. Cook & Son	1 W. Mt. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A-K

Spec.—1-10-21—M&T—1500 Blks.

D 97468

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97468

CERTIFICATE OF DEATH.

REGISTERED NO. 15-5-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 Talbert Rd ST., 15 WARD)

2-FULL NAME Henry S. Brewington

(a) RESIDENCE NO. 31 Talbert Rd. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin C. Hayman

6 DATE OF BIRTH (month, day, and year): Dec 8 1850

7 AGE: Years 74 Months 4 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Atty at Law

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

042

9 BIRTHPLACE (city or town) (State or country): Salisbury Md

PARENTS

10 NAME OF FATHER: Scott Brewington

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Leah Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Ernest N. Brewington 31 Talbert Road

15 Filed ... 19 ... Robert F. Harrison Burial Permit Clerk

APR 16 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 1 1925, to Apr 15 1925.

That I last saw h alive on Apr 14 1925.

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face-(left side)

about

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma about

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? - Physical

(Signed) W. S. Neblett M. D.

. 19 (Address) 2220 Harrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury Md

DATE OF BURIAL: April 17 1925

20 UNDERTAKER: John O. Mitchell

ADDRESS: 1330 W. Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Joseph E. Bentz)

D 97469

HEALTH DEPARTMENT—CITY OF BALTIMORE

97469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Jos Hosp. Registered No. 10-1

City of BALTIMORE: (No. Caroline & Oliver St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jos E Bentz

(a) Residence No. 602 E Eager St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bentz

6-DATE OF BIRTH (month, day and year) April 2 1875

7-AGE. 50 yrs. mos. 13 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Geo W. Bentz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Ellen Clark

13-BIRTHPLACE OF MOTHER (city or town) (State or Country).

11-Informant. Mrs. Mary Bentz

(Address) 602 E. Eager St.

15-Robert P. Harrison,

Filed 1925 192 Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 15 1925

17-I HEREBY CERTIFY, That I attended deceased from April 15 1925 to April 15 1925

that I last saw h. alive on April 15 1925

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Intest. Obstruction

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) G B Symbert M D

, 19 (Address) St Jos Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral — DATE OF BURIAL. Apr. 18 1925

20-UNDERTAKER. H. C. Wiedefeld — ADDRESS 914 Fremont Ave

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97470

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97470

CERTIFICATE OF DEATH.

99-00

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor, 40 St., Ward)

2-Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Elizabeth Byles.

(a) Residence No. Preston & Caroline St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single, Married, Widowed, or Divorced~~ Widow (Write the word.)

6-If married, widowed, ~~or divorced~~ of (or) WIFE of Wm Byles.

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, abt 77 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), England

PARENTS.

10-NAME OF FATHER, Henry Lawrence

11-BIRTHPLACE OF FATHER (city or town) (State or Country). ?

12-MAIDEN NAME OF MOTHER, Rachel Bointwell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country).

14-

(Informant) Sister Florence

(Address) Preston & Caroline

15-

Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 15 1925

17- I HEREBY CERTIFY, That I attended deceased from to record 19..., to ..., 19...,

that I last saw her alive on April 15 1925

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Apr 16, 1925 (Signed) F. A. Warner, M. D. (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral — DATE OF BURIAL, Apr. 17, 1925

20-UNDERTAKER, H C Redfield — ADDRESS 94 Fremont Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97471

HEALTH DEPARTMENT—CITY OF BALTIMORE

97471

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Mosher St. 16-6 WARD)

REGISTERED NO. 161-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Hayman

(a) RESIDENCE No. 1130 Mosher ST., WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 15-25

7 AGE: Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Warren Hayman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Julia Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Warren G. Hayman

15 Filed 16 1925 By Robert P. Harrison, Registrar

Burial Permit Clark.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April-16-1925

17 I HEREBY CERTIFY, That I attended deceased from April 15 1925 to , 19

that I last saw h[illegible] alive on April-15-1925, and that death occurred, on the date stated above at 3:00 A.M.

The CAUSE OF DEATH* was as follows:

Premature birth

7 months after Conception

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Coleman M. D.

(Address) 203 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion — DATE OF BURIAL: 4/17/25

20 UNDERTAKER: Mrs. Helen C. Holland — ADDRESS: 1631 Dundalk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

D 97472

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97472

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating in the water at 24-182 Registered No. C.....

City of BALTIMORE: (No. Foot of Battery Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton H. Finney.

(Residence in Baltimore: No. Carney, Balto. Co. Md. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed or Divorced, (Write the word.): Married.

6-DATE OF BIRTH: March 11 1864. (Month) (Day) (Year)

7-AGE: 61 yrs. 0 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): York Co. Pa.

PARENTS:

10-NAME OF FATHER: John Finney.

11-BIRTHPLACE OF FATHER, (State or Country): Pennsylvania.

12-MAIDEN NAME OF MOTHER: Catherine Nace.

13-BIRTHPLACE OF MOTHER, (State or Country): Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Finney. (wife)

(Address) Carney, Balto. Co. Md.

15-

Filed ..... 192.....

Robert P. Harrison,
Registrar.
Burial Permit Clerk.

R 16 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Missing March 26, 1925. Body found April 15, 1925, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

April 16 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Parkwood	April 17, 1925

20-UNDERTAKER.	ADDRESS
Wm Cook	502 E. North Ave

THE CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97473

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97473

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., N - 5 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Drury

(a) RESIDENCE NO. 1 N. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Drury.

6 DATE OF BIRTH (month, day, and year) 1853 April 4

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Drury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed Apr 16 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to April 14, 1925, that I last saw him alive on April 14, 1925 and that death occurred, on the date stated above, at 8:30 Pm

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) H. E. Miller, M. D.

Apr 16, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemtery	April 17 1925
20 UNDERTAKER	ADDRESS
William Cook	502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97474

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97474

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5815 Belonia Ave. (St.) 27-7 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Aro

(a) RESIDENCE. No. 5815 Belonia Ave St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 12-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER Joseph Aro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. City Md.

12 MAIDEN NAME OF MOTHER Mary Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. County Md.

14 Informant (Address) James A Aro 1802 Thames Ave.

15 Filed . 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 15 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1925, to Apr. 15, 1925, that I last saw her alive on April 7, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) — yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

4/16/1925 (Address) 1223 N. Caroline st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	April 18 1925
20 UNDERTAKER	ADDRESS
William Cook	502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OccUPATION is very important. See instructions on back of certificates.

Burial Permit Mark

Spec.—1-10-21—M&T—1500 Blks.

1279 Williams St

D 97475

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97475

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1306 Fillman ST., 9 WARD, 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia F. King.

(a) RESIDENCE NO. 1306 Fillman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) June 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or... min.
	75	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 037

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Andrew King (Address) 306 Fillman St

15 Filed ..., 19 ... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to April 16, 1925, that I last saw h[illegible] alive on April 17, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Mitchell, M. D.

7/10/1925 (Address) 1279 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pinesville Pa. DATE OF BURIAL April 19 1925

20 UNDERTAKER New Cork ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97476

17993-13

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 63

D 97476

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 7 WARD) 1

2-FULL NAME Price Rollyson

(a) RESIDENCE NO. Dingy, Braxton Co. W. Va WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Grace Rollyson

6 DATE OF BIRTH (month, day, and year) ? 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —"—

(c) Name of employer —"—

086

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER William Rollyson

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Susie Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Relative

(Address) [illegible]

Filed ..... 19 ..... Registrar

[illegible] Robert F. Harrison, [illegible]

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1925, to April 15, 1925.

that I last saw him alive on April 15, 1925,

and that death occurred, on the date stated above, at 4.20 A. m.

The CAUSE OF DEATH* was as follows:

Addison's disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Streptococcus hemolyticus Septicaemia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen M. D.

April 16 1925 (Address) Johns Hopkins Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ballonava W Va — DATE OF BURIAL April 16/25

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 97477

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97477

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hospital ST. (WARD) 15-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Cullison

(a) RESIDENCE NO. 729 School St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Aug, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none.
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Wm Cullison

11 BIRTHPLACE OF FATHER (city or town) St Marys Co (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Hayward

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Wm. Cullison
(Address) 729 School St.

15 Filed 192 Robert P. Harrison, Registrar

R 16 1925

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 8 14 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia 3 days

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) 3 days

(duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery.	April 17 1925
20 UNDERTAKER Mrs Jas. H. Dennis per. T E. Kelson	ADDRESS 1303 Presstman St

IMPORTANT. See instructions on back of certificate.

Spec.—12-23-21—E.B.R.S.—400 Blks.

D 97478

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97478

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH St Jos Hospital

Registered No. .....

City of BALTIMORE: (No. Caroline & Oliver St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... James Dennis

(a) Residence No. 1107 Argyl Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colord

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) —1891

7-AGE. 34 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Labor 040

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Great Britian

PARENTS

10-NAME OF FATHER Dell Brown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country) Dell Brown

12-MAIDEN NAME OF MOTHER Dell Brown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country) Dell Brown

14-(Informant Annie Dennis

(Address) 1107 Argyll Ave

15-Filed ..... 192.....

Roberts P. Garrison, Registrar.

Burial Permit Clerk

R 16 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 14/25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12 1925 to April 14 1925, that I last saw h im alive on April 14 1925 and that death occurred, on the date stated above, at 8 P m. The CAUSE OF DEATH* was as follows:

Carcinomona Rectum

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) X yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 1924 Colostomy

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) G. B. Systrt, M. D.

, 19 (Address) St Jos Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dr Celus Conn	4/18/1926
20-UNDERTAKER	ADDRESS
Daniel Easton	916 Pa ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97479

D 97479

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 912 Gordon ST., 11-2 (WARD)

2-FULL NAME Catherine Dinno

(a) RESIDENCE NO. 912 Gordon ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: Cal
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17, 1924

7 AGE — Years: — Months: 8 — Days: 29 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City Md

PARENTS

10 NAME OF FATHER: Arthur Grond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Brunswick Ga.

12 MAIDEN NAME OF MOTHER: Catherine Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. J. Dinno
(Address): 1038 Hollins St

15 Filed APR 16 1925
Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to April 16, 1925, that I last saw h alive on April 15, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. one mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Leary, M. D.

, 19 (Address) 153 Bentz St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 4/18/1925

20 UNDERTAKER: Daniel Kaylor's Sons

ADDRESS: Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 97480

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97480

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. West Balto. Gen. Hosp St., 17 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marshall Thomas

(Residence in Baltimore: No. 730 Bradley St. St.; yrs. 62 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	widower

6-DATE OF BIRTH, about 1863
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
62 yrs. ..... mos. ..... ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Oyster

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy Scott

(Address) 730 Bradley St.

15- Robert P. Harrison, Registrar.

APR 16 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

April 15, 1925 (Address) 4 Fort Avenue

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	4/17/1925
20-UNDERTAKER. Daniel Easton	ADDRESS 916 Pa ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97481

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97481

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 3106 McElderry St. WARD 3

2-FULL NAME Margaret E. Hull

(a) RESIDENCE. No. 3106 McElderry St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a ~~If married, widowed, or divorced~~ (or) WIFE of Geo. L. Hull

6 DATE OF BIRTH (month, day, and year) — — 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General natore of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER James Esson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Margaret Fontaine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Arthur Esson
(Address) 3106 McElderry St

15 Filed ..., 19... Robert P. Harrison, Registrar

APR 16 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1924, to April 14, 1925, that I last saw her alive on April 14, 1925, and that death occurred, on the date stated above, at 7.50 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) John L. Owens, M. D.

April 16, 1925 (Address) 35 E. Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	4/18 1925
20 UNDERTAKER John J. Lahey & Sons	ADDRESS 1316 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97482

CERTIFICATE OF DEATH.

D 97482

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N Mount ST. 20-3 WARD

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Cavanaugh

(a) RESIDENCE NO. House of Good Shepherd ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Matthew Cavanaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Rockford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant (Address) House of Good Shepherd Mount & Saratoga Sts.

15 APR 16 1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17 I HEREBY CERTIFY, That I attended deceased from April 2 1925 to April 16 1925, that I last saw her alive on April 16 1925, and that death occurred, on the date stated above, at 4.25 P m.

The CAUSE OF DEATH* was as follows:

Carcenoma of right breast with metastases to mediastinum

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) A. G. Rytina, M. D.

, 19 (Address) 330 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 4/17 1925

20 UNDERTAKER J. F. Tobin & Sons

ADDRESS 315 N. Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97483

CERTIFICATE OF DEATH.

D 97483

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Chelsea Terrace ST) 15 — 5 (WARD)

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry G. Bastian

(a) RESIDENCE NO. 2102 Chelsea Terrace ST (Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Bastian

6 DATE OF BIRTH (month, day and year): Oct. 17, 1864

7 AGE: Years 60 Months 5 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Bastian

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Dorothy Belch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Mary Bastian 2102 Chelsea Terrace

15 Robert P. Harrison, Registrar

R 16 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1925 to Apr 14 1925

that I last saw him alive on Apr 13 1925

and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma in neck

about 6 mo. duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of neck about 6 mos.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. S. Niblett M. D.

4/14, 1925 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Apr 17 1925

20 UNDERTAKER: Easton & Sons ADDRESS: Ellicott City

...should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Exact statement of OCCUPATION is very important. See instructions on back of certificates. in plain terms, so that it may be properly classified.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 97484 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 97484 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 940 S. Sharp St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Scribner

(a) Residence No. 940 S. Sharp St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Scribner

6-DATE OF BIRTH (month, day and year) — 1870

7-AGE. 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seamstress

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Calvert Co. (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, John Forrester

11-BIRTHPLACE OF FATHER (city or town) Calvert Co. (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Margaret

13-BIRTHPLACE OF MOTHER (city or town) Calvert Co. (State or Country) Maryland

14- (Informant) Ella Scribner

(Address) 940 S. Sharp St.

15- APR 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/15/25

17- I HEREBY CERTIFY, That I attended deceased from 4/8, 1925 to 4/15, 1925 that I last saw her alive on 4/15, 1925 and that death occurred, on the date stated above, at 11:30 P.M. The CAUSE OF DEATH* was as follows:

Cerebral apoplexy —

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis + Nephritis

(Duration) unknown

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none Gross

(Signed) David Franklin M. D

4/15, 1925 (Address) 1724 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL. Apr. 19, 1925

20-UNDERTAKER. John H. Toadvine — ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 D 97485

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4614 Harford Road ST., 27-12 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Bakehart

(a) RESIDENCE No. 4614 Harford Road ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 16 days How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 15 1925

7 AGE — Years — Months — Days — If LESS than 1 day hrs. or min. — 10 days

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Arthur Bakehart

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Hazel Kenny

13 BIRTHPLACE OF MOTHER (city or town) Cockeysville Md
(State or country)

14 Informant Mrs Ella Johnson
(Address) 951 N. Eden St

APR 17 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 16, 1925, that I last saw him alive on April 16, 1925 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pemature Birth (Premature birth:) of six 1/2 months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentini M D, M. D.

April 16, 1925 (Address) 14 S Dr Dorsey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: April 17 1925

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Harry P. Coffland.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97486

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

188-003

D 97486

Registered No. C.....

City of BALTIMORE: (No. St. Joseph Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H.R. Coffland

(Residence in Baltimore: No. 665 W. Fayette St. St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Wid

6-DATE OF BIRTH. July 18-1888 (Month) (Day) (Year)

7-AGE, 44 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Window Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer): Nat. Window Cleaning Co.

9-BIRTHPLACE, (State or Country), Wheeling Island W.Va.

PARENTS.

10-NAME OF FATHER, S.N. Coffland

11-BIRTHPLACE OF FATHER, (State or Country), Short Creek Ohio

12-MAIDEN NAME OF MOTHER, Elizabeth Hiatt

13-BIRTHPLACE OF MOTHER, (State or Country), Monroe Co. Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J.L. Coffland (Bro)

(Address) Bridgeport Ohio

15- APR 17 1925 ROBERT M. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock -Hemorrhage -Rt. leg crushed off and left crushed due to run over by auto truck

Inquest 4-16-25 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Culler M. D.
(Coroner.)

4-16-25 192.... (Address) 588 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bridgeport Ohio DATE OF BURIAL, April 17th 1925

20-UNDERTAKER, A. Jones ADDRESS 1113 Gilmor St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-91 97487

1-PLACE OF DEATH

City of BALTIMORE: (No. 4203 Ridgewood St. 28 Ward) 24-4 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edward Ignatius Carroll

(a) Residence No. 4203 Ridgewood Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Carroll

6-DATE OF BIRTH (month, day and year) Oct. 2 1868

7-AGE. 56 yrs. 6 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer). 086

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Josiah J. Carroll

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Kent England

12-MAIDEN NAME OF MOTHER. Winifred Hogan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14-

(Informant). Mary A. Carroll

(Address). 4203 Ridgewood Ave

15-

APR 17 1925

ROBERT N. KRAUTH, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4-15-25

17- I HEREBY CERTIFY, That I attended deceased from 4/15, 1925, to 4/15, 1925.

that I last saw h. m. alive on 4/15, 1925.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Left side Hemiplegia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 6 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. G. Dunn, M. D.

, 19 (Address) 3501 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. April 18 1925

20-UNDERTAKER. Mc Guire + Carroll ADDRESS 4203 Ridgewood Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97488

CERTIFICATE OF DEATH.

14-001

D 97488

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 923 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Junius J. Banks.

(a) RESIDENCE. No. 923 Linden ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Banks.

6 DATE OF BIRTH (month, day, and year) Sept. 22, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Collector

(b) General nature of Industry, business, or establishment in which employed (or employer) 12

(c) Name of employer The Mutual Benefit Ins. Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore MD

PARENTS

10 NAME OF FATHER William Banks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Katie Whitney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King William C. Va.

14 Informant Katie Banks.

* (Address) 1323 Stricker St

15 Filed APR 17 1925

16 HUBERT A. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 14, 1925, that I last saw h.. alive on April 14, 1925 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - left side Brain (duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Chronic Nephritis & Uremic Poisoning (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H. Wright, M. D.

14, 1925 (Address) 1209 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	4/17 1925
20 UNDERTAKER Samuel D. Stanley	ADDRESS 638 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

*1323 Stricker St.

Spec–12-23-21–E.B.R.S.–400 Bks.

D 97489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-82

D 97489

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Gist and Bethlehem sts. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Levin

(a) Residence No. #2 Gist ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Dena Levin

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Raphael Levin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jack Levin

(Address) 1439 E Baltimore St

15- Filed APR 17 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/17/25

17- I HEREBY CERTIFY, That I attended deceased from April 16 1925 to April 17 1925

that I last saw him alive on April 16 1925

and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) yrs. 1 mos. ds

CONTRIBUTORY (Secondary) Angina pectoris

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles L. Nelles M. D

4/17, 1925 (Address) 2 W Belvedere ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Bethel Mausoleum	4-17-1925
20-UNDERTAKER.	ADDRESS
Jack Levin	1439 E Baltimore

Should be carefully supplied. ADE should be stated EXACTLY. PHYSICIANS should be particular to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97490

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

15-90

D 97490

Registered No.

City of BALTIMORE: (No. 4011 Boarman St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Morris H. Resnik

(a) Residence No. 4011 Boarman St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6-DATE OF BIRTH (month, day and year) 1898

7-AGE.	If LESS than 1 day,
27 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 880

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Rubin Resnik

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Bessie Poerlorsky

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Russia

14- (Informant)..... Ike Resnik

(Address)..... 4011 Boarman Ave

15- APR 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4-15-25

17- I HEREBY CERTIFY, That I attended deceased from June, 1920 to April 15, 1925 that I last saw h is alive on April 15, 1925 and that death occurred, on the date stated above, at 5 10 p.m.

The CAUSE OF DEATH* was as follows:

pneumonia of the entire left lung

Necrosis of the cervix

(Duration) 5 yrs. mos. ds

CONTRIBUTORY (Secondary) Ascites

(Duration) yrs. 1 mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Dr. Boggs Johns Hopkins

(Signed) Dr. L. A. Gaylor M. D.

4-16, 1925 (Address) 2438 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	4-17- 19 25
20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 E Baltimore

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97491

CERTIFICATE OF DEATH.

3-21-001

D 97491 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 251 S. Edw St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Calvin Cohen

(a) Residence No. 251 S. Edw St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb. 16-25

7-AGE. yrs. 2 mos. 1 ds.

If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. child

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS

10-NAME OF FATHER. Simon Cohen

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Eva Goldman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md.

14-

(Informant) Simon Cohen

(Address) 251 S. Edw

15-FILED APR 17 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17-25

17- I HEREBY CERTIFY, That I attended deceased from April 14 1925 to April 16 1925 that I last saw him alive on April 16 1925 and that death occurred, on the date stated above, at 4 A. m. The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) some time

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Sign

(Signed) M. Chidecel M. D.

, 19 (Address) 2338 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cemetery — DATE OF BURIAL. 4-17-, 19 25

20-UNDERTAKER. Jack Lewis — ADDRESS 1439 E Balto

Should be correctly supplied. Age should be stated in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97492

CERTIFICATE OF DEATH.

15-90 D 97492

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1342 N. Calhoun ST. WARD 15-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Brown

(a) RESIDENCE. NO. 1342 N Calhoun ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE: Years 80 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Fannie Briscoe
(Address) 1345 N. Calhoun

15 Informant's Signature: ROBERT R. KRAUTH Registrar

APR 17 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 1 1925 to Apr 13 1925

that I last saw h.. alive on Apr 13 1925

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) S. A. Hughes, M. D.

1925 (Address) 1423 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Apr 18 1925

20 UNDERTAKER: Sam W Chase Co

ADDRESS: Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97493

CERTIFICATE OF DEATH.

74-001 D 97493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Springdale Ave ST., 28 WARD)

2-FULL NAME Laura C. Dubner

(a) RESIDENCE No. 4508 Springdale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Henry F. Dubner

6 DATE OF BIRTH (month, day, and year) Sept 13 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37 yrs	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Center Cross Virginia

PARENTS

10 NAME OF FATHER George W. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Catherine Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant Mr Henry F. Dubner

(Address) 4508 Springdale Ave

Filed APR 17 1925 ROBERT N. KRAUTH, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925.

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to April 14, 1925; that I last saw her alive on April 13, 1925, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia

Cerebral Haemorrhage

(duration) — yrs. — mos 1½ ds.

CONTRIBUTORY (Secondary) High Arterial Tension

(duration) 17 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo W Hemmeter M. D.

4/15, 1925 (Address) 3002 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: April 17, 25

20 UNDERTAKER: Jos Joerdens & Son — ADDRESS: 27 S. Paca

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

D 97494

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97494

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Body found floating at the foot of — Registered No. C.....

City of BALTIMORE: (No. Lawrence St. & Key Highway. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pawel Graczyk.

(Residence in Baltimore: No. 415 S. Bond St. St.; yrs., mos., ds.)

20

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. June 20, 1871 (Month) (Day) (Year)

7-AGE. 53 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country). Poland.

PARENTS.

10-NAME OF FATHER. John Graczyk.

11-BIRTHPLACE OF FATHER, (State or Country). Poland.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Graczyk. (wife)

(Address) 415 S. Bond St.

15- APR 17 1925 ROBERT M. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Missing March 6, 1925. Body found April 16, 1925. 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Lennard M. D.
(Address) April 16 192 5 1014 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	4/17 19 25

20-UNDERTAKER. William Fiaschetti ADDRESS 428 S. Bond.

N. B.—Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 97495

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97495

CERTIFICATE OF DEATH.

167-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4817 (St.) Milford Ave (Ward) 28

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles St. Brackett Jr.

(a) RESIDENCE No. 4817 Milford Ave St., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Brackett

6 DATE OF BIRTH (month, day, and year) Feb 2-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Accountant Mfg
(b) General nature of industry, business, or establishment in which employed (or employer) Cigars
(c) Name of employer Bur Cigar Co.

9 BIRTHPLACE (city or town) Long Island
(State or country)

PARENTS

10 NAME OF FATHER John T. Brackett

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Raymond Brackett
(Address) 4817 Milford Ave

15 Filed APR 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide

Ill. Gas. Poisoning

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos 1 ds.

(Signed) Geo Claudon Yates M. D.
(Coroner)

1925 (Address) 143 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	April 8 1925
20 UNDERTAKER	ADDRESS
Leo Funeral Co	2324 Eutaw

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97496 | 12 D 97496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Fawcett W. ST.: 17 | -1 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robin Wright

(a) RESIDENCE. No. 713 Fawcett ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elenora Wright.

6 DATE OF BIRTH (month, day, and year) March 3, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Mrs H. C. Mathews

9 BIRTHPLACE (city or town) (State or country) Essex Co Va

PARENTS

10 NAME OF FATHER John Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co Va

12 MAIDEN NAME OF MOTHER Kostora Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co Va

14 Informant Elenora Wright
(Address) 1209 Presstman St

15 Filed APR 17 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1925

17 I HEREBY CERTIFY, That I attended deceased from September 24, 1924 to April 14, 1925, that I last saw h[illegible] alive on April 14, 1925, and that death occurred, on the date stated above, at 9:30 P.M. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
Anuria

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Apo. Arteriosclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical

(Signed) Wm H. Wright M. D.

April 16, 1925 (Address) 1209 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Apr. 17 1925
20 UNDERTAKER	ADDRESS 1309
Jno. M. Johnson	Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co.—1000 Bks.

D 97497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 97497

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham ST.: Hoop 8-1 WARD)

2-FULL NAME Marvel Helen Engelhard

(a) RESIDENCE. NO. 1940 Patterson Place ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 16, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Otto Engelhard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Jennie Lubeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant
(Address) Jennie Engelhard 1940 Patterson Place

APR 17 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 15, 1925, that I last saw her alive on April 15, 1925, and that death occurred, on the date stated above, at 9 05 P m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Laryngeal

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubation Date of

Was there an autopsy? no

What test confirmed diagnosis Positive Diph. Culture

(Signed) Myron C. Duel, M. D.

4/17 1925 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore County	April 17 1925

20 UNDERTAKER ADDRESS

Geo. J. Ruth 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97498 D 97498

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Fombord & Greenes ST., 4-1 WARD)

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antony Dimarco

(a) RESIDENCE NO. 602 W Lexington St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina Dimarco

6 DATE OF BIRTH (month, day, and year) — — 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

042

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Di Marco

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant University Hospital Records (Address)

15 Filed APR 7 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/12 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 12, 1925, that I last saw him alive on April 11, 1925, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

April 3-(1925) (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Localized purulent Peritonitis (duration) April 10-1925 days

18 Where was disease contracted if not at place of death? no

Did an operation precede death? yes Date of April 3-1925

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) William Walker, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 4/10/25

20 UNDERTAKER J. Wesley Jones

ADDRESS 1315 Argyle Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97499

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

23-28

D 97499

Registered No. C.....

City of BALTIMORE: (No. 114 W. Fort Ave. St. ..... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME..... Warren I. Buckman.

(Residence in Baltimore: No. 114 W. Fort Ave. St.; yrs. 1 mos. 0 ds. 20)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. March 26, 1924.
(Month) (Day) (Year)

7-AGE. 1 yrs. 0 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. William Buckman.

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Matilda B. Schwarzman.

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Matilda B. Buckman. (mother)

(Address)..... 114 W. Fort Ave.

15-
FILED APR 17 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 15, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy.
Congenital Cardiac Disease.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

April 16, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cemetery DATE OF BURIAL. 4/19 1925

20-UNDERTAKER. E. J. Fanning & Son ADDRESS 1460 Battery

U. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97500

CERTIFICATE OF DEATH.

101-001 D 97500

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 Foster Ave ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vera Emmaline Crispens

(a) RESIDENCE No. 2538 Foster Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 7-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	-	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER William F. Crispens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mamie Hare

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant William F. Crispens (Address) 2538 Foster Ave.

15 APR 17 1925 ROBERT N. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to April 15, 1925, that I last saw her alive on April 15th, 1925, and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (bilateral)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2124 Ashland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL April 18 1925

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97501

CERTIFICATE OF DEATH.

4-1 31

Registered No. C 1 D 97501

1-PLACE OF DEATH

City of BALTIMORE: (No. 1520 E. Eager St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Howard Storm

(Residence in Baltimore: No. 1520 E. Eager St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	mar

6-DATE OF BIRTH. Dec. 22-1881 (Month) (Day) (Year)

7-AGE. 43 yrs. 3 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Adam Storm

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER, Ida Adams

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H.W. Korpman (sister)

(Address) 1723 Darley Ave

15-

Filed APR 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 16-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 21 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J S H Voltz M. D. (Coroner.)

4-17-25 (Address) 500 E North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	Apl 20 1925

20-UNDERTAKER, Chesnutt & Son ADDRESS 617 Cheshire Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 97502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Thames St. Harbor 3-4 ST., WARD)

REGISTERED NO. 182

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE No. Unknown. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Not known

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not known.

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	65	—		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town) —
(State or country)

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14
Informant
(Address)

15
APR 17 1925 ROBERT K. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning. (Over)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(Education) yrs. mos. ds.

(Signed) F. Le Blanc, M. D.
(Coroner.)

Apr 15 1925 (Address) 142 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	192
20 UNDERTAKER	ADDRESS

APR 17 1925
Commissioner Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. AFTER

D 97503

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found in Harbor about 25-18 Registered No. C.....

City of BALTIMORE: (No. Foot of Bolton St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casper Lacher Jr.

(Residence in Baltimore: No. 100 Second Ave Brooklyn St.; yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Nov (Month) 2 (Day) 1862 (Year)

7-AGE.	If LESS than 1 day.
62 yrs. 5 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ø30

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Casper Lacher

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Lacher

(Address) 100 Second Av

15- Filed APR 17 1925 ROBERT N. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found in Harbor April (Month) 16 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said..... Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to.. his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ? yrs. mos. ds.

(Signed) James M. Hendon M. D. (Coroner)

April 16 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem.	April 18, 1925
20-UNDERTAKER.	ADDRESS
A Howard Evans	38 E Fort Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97504

CERTIFICATE OF DEATH.

D 97504

1-PLACE OF DEATH

City of BALTIMORE: (No. 3816 Fait Ave St., 26-7 Ward)

Registered No.

2-FULL NAME Melva Loraine Pritchett

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 3816 Fait Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) January 31-1924

7-AGE, 1 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Robert L. Pritchett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Somerset Co Md

12-MAIDEN NAME OF MOTHER Mary Ellen Schultz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14-

(Informant) Mary E. Pritchett

(Address) 3816 Fait Ave

15-

APR 17 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 16/1925

17- I HEREBY CERTIFY, That I attended deceased from April 5 & 25, to April 16 & 25

that I last saw h[illegible] alive on April 15, 19 25

and that death occurred, on the date stated above, at 11.[illegible] a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 8 ds

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod, M. D.

, 19 (Address) 4704 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Cemetery — DATE OF BURIAL. April 1925

20-UNDERTAKER. John Lisanti — ADDRESS 2008 Orleans

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97505

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97505

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Sow ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME "Baby" Burgess

(a) RESIDENCE NO. 101 6 Sow ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 15, 25

7 AGE Years Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) gds

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Isaac Burgess

11 BIRTHPLACE OF FATHER (city or town) Halifax (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary Austin

13 BIRTHPLACE OF MOTHER (city or town) Halifax (State or country) N. C.

14 Informant (Address)

15 Filed APR 17 1925 19 ROBERT A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 15 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 15, 1925, that I last saw h[illegible] alive on Apr. 15, 1925, and that death occurred, on the date stated above, at 2.10 p. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Berry M. D.

, 19 (Address) 1530 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS APR 17 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97506

CERTIFICATE OF DEATH.

74 D 97506

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. Collington Avenue 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna . Walczuk

(a) RESIDENCE NO. 217 S. Collington Avenue WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ignatius. Walczuk

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph . Cymerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Ignatius. Walczuk
(Address) 217 S. Collington Avenue

Filed APR 17 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/15/25

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 15, 1925,

that I last saw h alive on , , 1925,

and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. G. Fuda M. D.

4/17, 19 (Address) 916 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	April 18 1925
20 UNDERTAKER	ADDRESS
John H. Weber	1803 Bank St

N. B.—WRITE PLAINLY, WITH CAPABLE PEN. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 97507

CERTIFICATE OF DEATH.

101-99 D 97507

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Washington Street, 27-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin . Krolczyk

(a) RESIDENCE NO. 618 S. Washington Street, WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine. Krolczyk

6 DATE OF BIRTH (month, day, and year) Nov. 11 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Stanislaus. Krolczyk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Apolonia. Borski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Catherine. Krolczyk

(Address) 618 S. Washington Street

15 Filed APR 17 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14/25 19

17 I, HEREBY CERTIFY, That I attended deceased from April 12, 1925, to April 14, 1925, that I last saw him alive on April 14, 1925, and that death occurred, on the date stated above, at 12 05 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Conrad Jamuszewski, M. D.

4/17, 1925 (Address) 243 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: April 18 1925

20 UNDERTAKER: John McWeber ADDRESS: 1803 Bank St

PR—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIAN shall sign certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 97508

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97508

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hospital ST. WARD)

2-FULL NAME Benjamin Hilton

(a) RESIDENCE NO. 556 Oxford St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Ont. Knon mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

198

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Dont Know
(State or country)

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dont Know

14 Informant Hazel Dampther
(Address) 921

15 Filed APR 17 1925, 192 Robert P. Harrison, Registrar

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Stab Wound
Abdomen Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Henry Lee Blades M. D.
(Coroner.)

192 (Address) 1111 Mc Henry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4/19/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pe ae

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 97509 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97509

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C 18 - 2

City of BALTIMORE: (No. 1047 W Lexington St. St., 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alethia Brown

(Residence in Baltimore: No. 1047 W Lexington St — St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colr	Widow

6-DATE OF BIRTH. — (Month) — (Day) 1870 (Year)

7-AGE. 55 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Balto City

PARENTS.
10-NAME OF FATHER: Dan'l Brown
11-BIRTHPLACE OF FATHER (State or Country): Dist Coun
12-MAIDEN NAME OF MOTHER: Dist Brown
13-BIRTHPLACE OF MOTHER (State or Country): Dist Coun

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary E. Brown
(Address) 1410 Carroll St

15- Filed APR 17 1925 192 Robert P. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 15 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to hes death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Heart disease — Don't Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know (Duration) yrs. mos. ds.

(Signed) H K Grimes M. D. (Coroner)

4-17 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem — DATE OF BURIAL. 4/18/1925

20-UNDERTAKER. Daniel Easton — ADDRESS 916 Eager

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 97510

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97510

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Linnard ST., 16 WARD)

REGISTERED NO. 16-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Kornmann.

(a) RESIDENCE No. 624 Linnard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 3 mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12. 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerks. 09

(b) General nature of industry, business, or establishment in which employed (or employer) Moose Club

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Kornmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Kaylitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Augusta Kornmann. (Address) 624 Linnard St.

Filed APR 17 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16. 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby 1, 1925, to Apl. 10, 1925, that I last saw him alive on April 14, 1925, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

CONTRIBUTORY (Secondary) (duration) Cardiac Weakness yrs. mos. ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Doriscoll M. D.

, 19 (Address) 211 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	April 18 1925

20 UNDERTAKER ADDRESS

Mr. & Mrs. John H. Teufel & Son 311 W. Fayette St

IMPORTANT—THIS DEPARTMENT REQUIRES—WRITE PLAINLY, WITH UNFADING INK—THIS RECORD. EACH mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificates.

Rev—12-23-21—E.B.P.S.—400 Ens.

D 97511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

101 D 97511

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3320 Gwynn Oak Avenue St., 28-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Early Codd

(a) Residence No. 3320 Gwynn Oak Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy W. Nottingham

6-DATE OF BIRTH (month, day and year) July 3 1885

7-AGE. 39 yrs. 9 mos. 3 ds. If LESS than 1 day ....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hardward Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer) 45

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, William C. Codd

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER, Irma Mohler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland

14- (Informant) Helen M. Nottingham

(Address) 3415 Grantley Road

15- Robert P. Harrison, Registrar.

APR 18 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 16-25

17- I HEREBY CERTIFY, That I attended deceased from Apr. 12 1925 to Apr. 16 1925

that I last saw h.. alive on Apr 16 1925

and that death occurred, on the date stated above, at 1025a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Wilbert M. D.

Apr. 16/25 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem	4/18 1925
20-UNDERTAKER	ADDRESS
Henry W. Myers & Son	805 N. Calvert

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

18262 D 97512

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97512

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 12-5 WARD .....

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Karl Malemet

(a) RESIDENCE NO. 103 E. 22nd ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. little ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3-23-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Karl Mademet

11 BIRTHPLACE OF FATHER (city or town) City (State or country)

12 MAIDEN NAME OF MOTHER Ethel Bacchus

13 BIRTHPLACE OF MOTHER (city or town) City (State or country)

14 Informant Records

(Address) [illegible]

15 APR 18 1925

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17

I HEREBY CERTIFY, That I attended deceased from April 12. 1925. to April 17. 1925.

that I last saw him alive on April 17. 1925.

and that death occurred, on the date stated above, at 12 45 p.m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Jaundice

(duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) C. G. Scott M. D.

4-19-, 1925 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chestertown Md.	4/18 1925
20 UNDERTAKER	ADDRESS
Henry A Meaux & Son	Balto Md

Via authority of Karl Mademet escort.

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be made CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97513

CERTIFICATE OF DEATH.

11-001

D 97513

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1076 Calvert St N. ST., 11 WARD) 11-3 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F Mason

(a) RESIDENCE No 1076 Calvert St N ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Jan 7 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0 2	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 0 7 1

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co Md

PARENTS

10 NAME OF FATHER Isaac Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Raymond B Mason

(Address) 1710 Eaton St

15 Filed ..... 19.....

Registrar

Burial Permit Clerk.

PR 16 1925

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1 1925 to April 15 1925

that I last saw her alive on April 15 1925

and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Benj F Smith M. D.

4/16 1925 (Address) 1701 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem DATE OF BURIAL Apr 18 1925

20 UNDERTAKER Samuel F Hemsley ADDRESS 5778 Pimlico

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97514

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97514

CERTIFICATE OF DEATH.

REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Battery Ave ST. 24th WARD)

2-FULL NAME Harry Jackson Hannon

(a) RESIDENCE. No. 1131 Battery Ave ST. 24th WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Kennedy Hannon

6 DATE OF BIRTH (month, day, and year) Nov. 13, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co. Virginia

PARENTS

10 NAME OF FATHER Sherod B. Hannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Chesterina Harlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fluvanna, Virginia.

14 Informant (Wife) Anna Kennedy Hannon
(Address) 1131 Battery Ave.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17 I HEREBY CERTIFY, That I attended deceased from December 20, 1924 to April 17, 1925.
that I last saw him alive on April 16, 1925.
and that death occurred, on the date stated above, at 11.30 A. m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

April 17, 1925 (Address) 1273 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	April 20 1925
20 UNDERTAKER	ADDRESS
F. W. Ozazewski	1930 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 97515

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97515

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Hebrew Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Helen Lorek .....

(Residence in Baltimore: No. 2106 Bank St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	mar

6-DATE OF BIRTH. June 30 — 1897
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
28 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Stanislaus Kozlowski

11-BIRTHPLACE OF FATHER, (State or Country) Poland

12-MAIDEN NAME OF MOTHER. Antonina Borkowski

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Adam Kozlowski
(Address) 2106 Bank St

15-
Filed ..... 192.....
Robert P. Harrison,
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17-25 192...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Post Partum Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. S. H. Cotton M. D.
(Coroner)
4-17-25 192... (Address) 500 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus	April 21 19 25
20-UNDERTAKER. J. H. Ozazewski	ADDRESS. 1930 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97516

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97516

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. Baltimore, Md, ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Bell

(a) RESIDENCE No. 617 N?Caroline St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Separated

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Simon Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay View Hospital, (Address) Baltimore, Md.

15 PR 18 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from December 10. 1924 to April 15, 1925.

that I last saw him alive on April 15, 1925

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Serological and Clinical findings

(Signed) Harry Jocumb M. D.

, 19 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 19, 1925

20 UNDERTAKER: Mrs Chas G. Bailey — ADDRESS: 1421 Jefferson St

P. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97517

CERTIFICATE OF DEATH.

179 D 97517

1-PLACE OF DEATH

City of BALTIMORE: (No. 3441 Lyndale Ave St., 8-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Benda

(a) Residence No. 3441 Lyndale Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Benda

6-DATE OF BIRTH (month, day and year) Dec. 16, 1857

7-AGE. 67 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Pyrgus
(State or Country) Czechoslovakia—Europe

PARENTS.

10-NAME OF FATHER, Joseph Benda

11-BIRTHPLACE OF FATHER (city or town)
(State or Country) Czechoslovakia

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (city or town)
(State or Country) Czechoslovakia

14- (Informant) Charles Benda
(Address) 3441 Lyndale ave

15- Filed APR 18 1925 19.... Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 16, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 8th 19 24 to April 16 19 25

that I last saw h... alive on April 16th 19 25

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

Duration Several Years

CONTRIBUTORY (Secondary) Senility 6

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. D. Post, M. D.

April 17, 19 25 (Address) 1809 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Oakhill	April 19 1925
20-UNDERTAKER. Zickler & Zickler	ADDRESS 1739 Eager

8.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. See in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97518

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97518

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 W. Lanvale ST. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naomi M Koeller

(a) RESIDENCE NO. 2527 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 7 1925

7 AGE: Years | Months | Days: 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henry A. Koeller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary C McGuire

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. Henry A Koeller

(Address) 2527 W. Lanvale St

15 Filed APR 18 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 8 1925, to Apr 17 1925, that I last saw h[illegible] alive on April 17 1925 and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Burnett Forgo, M. D.

(Address) 2937 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross.

DATE OF BURIAL: Apr 18 1925

20 UNDERTAKER: Wm J Tucker Sons

ADDRESS: North & Pa

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97519

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97519

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Forest Park Ave St. 15-4 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J. Kearney

(a) RESIDENCE NO. 3907 Forest Park Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of P. Vincent Kearney

6 DATE OF BIRTH (month, day, and year) Mar 8, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (ph)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Thos Donohue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Geo. D. Wright (Address) 3907 Forest Park Ave

15 Robert P. Harrison, Registrar

APR 18 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 1 — 1928, to Apr 10 — 1925, that I last saw her alive on Apr 16 1925, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Senile Myocardial Degeneration

(duration) 5 yrs. — mos ds.

CONTRIBUTORY (Secondary) Bronchitis Terminal,

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Leslie Call M. D.

4/7 1925 (Address) 7707 Bowman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL Apr 18 1925

20 UNDERTAKER Wm J Pickney & Sons ADDRESS Norfolk Va

D 97520

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97520

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 229 S. Green St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna D. Aukandas

(Residence in Baltimore: No. 229 S. Green st St. 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	White	Sgl

6-DATE OF BIRTH.

..... 1 .....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
9 yrs. 11 mos. 12 ds.	....hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Alex Daukantas

11-BIRTHPLACE OF FATHER. (State or Country). Lithuania

12-MAIDEN NAME OF MOTHER. anna Ezekate

13-BIRTHPLACE OF MOTHER. (State or Country). Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Daukantas

(Address) 229 S. Green Street

15-

APR 18 1925

Robert P. Harrison,
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 16 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or Inquiry)
thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) W K Cornwell M. D.
(Coroner)

4-18 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Holy Redeemer April 20. 1925

20-UNDERTAKER. ADDRESS

John Gribbin 210 S. Paca St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

18—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 97521

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97521

CERTIFICATE OF DEATH.

5-1 197

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Edward Smith

(Residence in Baltimore: No. 537 E. Monument St St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	widower

6-DATE OF BIRTH. unknown ..... 1..... (Month) (Day) (Year)

7-AGE. 40 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hod-carrier
(b) General nature of industry, business, or establishment in which employed (or employer): 035

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER, (State or Country). "

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilly Tavares

(Address) 714 Harford Ave

15-

APR 18 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 15-25 192.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage-Bullet wound in right chest Homicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. H. Callan M. D. (Coroner)

4-17-25 192.. (Address) 501 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	4/18 192..

20-UNDERTAKER. James L. Bowley ADDRESS 578 Bond St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec- 12-23-21—E.B.R.S.—400 Bks.

D 97522

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 833 N. Caroline St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary T. Schuller Mehling

(a) Residence No. 833 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S., If of foreign birth? 84 yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND OF (or) WIFE of Henry Frank Mehling

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE. 72 yrs. — mos. — ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Joseph J. Eberle

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary T. Cramer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), France

14- (Informant) Mrs. Frederick Feige

(Address) 833 N. Caroline

15-

APR 18 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 18 1925

17- I HEREBY CERTIFY, That I attended deceased from April 13 - 25 to April 18 - 25

that I last saw h[illegible] alive on April 17 - 25.

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) s. yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Charles B. A. Meyer M. D.

4/18, 1925 (Address) 1031 N. Caroline st.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Apr. 21, 1925
20-UNDERTAKER	ADDRESS
Henry Storch Son	1301 E. Eager St.

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97523

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2039 Madison St., 14-2 Ward) 161-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Pratt

(a) Residence No. 2039 Madison Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, Col

5-Single, ~~Married,~~ Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr 17 1925

7-AGE. ..... yrs. ..... mos. 5 hours ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ~ Odd

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore

(State or Country),

PARENTS

10-NAME OF FATHER, John Pratt

11-BIRTHPLACE OF FATHER (city or town) Virginia

(State or Country),

12-MAIDEN NAME OF MOTHER, Dora Clemens

13-BIRTHPLACE OF MOTHER (city or town) Virginia

(State or Country),

14- (Informant) Florence Pratt

(Address) 2039 Madison Ave

15- Filed ..... Robert P. Harrison, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 17 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 11-A.M. 1925 to Apr 17 4 P.M. 1925

that I last saw h- alive on Apr 17 1925

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Congenital Debility, and Premature Birth (gavage) oxygen, Perinal Atelectasis

(Duration) 17 hrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? ~

Did an operation precede death? ~ Date of

Was there an autopsy? ~

What test confirmed diagnosis? ~

(Signed) R. Garland Abercrombie M. D.

Apr 17, 1925 (Address) 1534 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL, ... 19

20-UNDERTAKER Commissioner Health. — ADDRESS

APR 18 1925 Burial Permit Clerk

APR 18 1925

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

D 97524

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97524

CERTIFICATE OF DEATH.

REGISTERED NO. 144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Corcoran

(a) RESIDENCE NO. 612 E. 36th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Corcoran

6 DATE OF BIRTH (month, day, and year) [illegible] 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Jno Murphy

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Conk

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Bernard Corcoran (Address) 612 E 36th St

Filed APR 18 1925, 19 ... Robert P. Harrison, Registrar (Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/11/25 — 19

17 I HEREBY CERTIFY, That I attended deceased from 4/16/25, 19 ... to 4/11/25, 19 ..., that I last saw h[illegible] alive on 4/11/25, 19 ..., and that death occurred, on the date stated above, at 2.56 A. m.

The CAUSE OF DEATH* was as follows: following

Postpartum Hemorrhage

Puerperal Septicemia

1 minute (duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

½ hr. (duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) no Autopsies, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL April 27 25

20 UNDERTAKER F. A. Kramer & Son — ADDRESS 903 Hanover

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97525

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97525

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 813 E. Chase St., 10-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Edward McCarthy

(a) Residence No. 813 E. Chase St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. c mos. c ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write ~~the word~~.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sophia L. McCarthy

6-DATE OF BIRTH (month, day and year) Oct 29 1845

7-AGE. 79 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer. Brass Moulder

9-BIRTHPLACE (city or town) (State or Country). New York

PARENTS.

10-NAME OF FATHER. Launcelot McCarthy

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

11- (Informant) Frederick L. McCarthy

(Address) 813 E. Chase St

15- Filed ....., 192.... Registrar.

APR 18 1925

Robert P. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17 1925

17- I HEREBY CERTIFY, That I attended deceased from July — 1918 to Apr. 17 — 1925

that I last saw him alive on April 16 — 1925

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Edwin B. Fenby, M. D

4/17/1925 (Address) 1223 N. Carolina St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Druid Ridge Cemy	Apr 20 1925
20-UNDERTAKER.	**ADDRESS**
Jos Sourbeer Son	2178 S. Paca

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97526

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 97526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 E. 39th St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rose Engel Boone

(a) Residence No. 514 E. 39th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of David A. Boone

6-DATE OF BIRTH (month, day and year) March 1 1850

7-AGE. 75 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore and

PARENTS.

10-NAME OF FATHER, Gottlieb Engel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna M. Demar

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-Informant: Daniel A. Boone

(Address) 514 E. 39th St

15-Filed Apr 18 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 16 1925

17- I HEREBY CERTIFY, That I attended deceased from about 16 Jan, 19.., to Apr. 16, 1925

that I last saw h.. alive on Apr. 16, 1925

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Valvular disease of Heart

(Duration) 10 yrs. mos. ds

CONTRIBUTORY (Secondary) Aortic Insufficiency

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. E. Prentiss M. D

, 19 (Address) 634 Gorsuch Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Apr 20, 1925

20-UNDERTAKER, Jos Jacobs Son ADDRESS 207 S. Pac.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97527

CERTIFICATE OF DEATH.

16 D 97527

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Wilson (Mary Patricia Wilson)

(a) RESIDENCE NO. 712 McKewin Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 16, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	—	—	one	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Roger Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) do not know

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Roger Wilson

(Address) 712 McKewin Ave.

15 PR 18 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 17 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16th, 1925, to April 17th, 1925, that I last saw her alive on April 16th, 1925 and that death occurred, on the date stated above, at 3 30 a m

The CAUSE OF DEATH* was as follows:

Congenital Atelactasis of Lungs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? Yes Autopsy.

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Apr. 18 1925

20 UNDERTAKER Bowman & Son — ADDRESS 805 N. Calvert St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97528 CERTIFICATE OF DEATH. x 100 D 97528

1-PLACE OF DEATH Md. Genl. Hosp. 11-2 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1 WARD)

2-FULL NAME Mrs. Eva May Walker

(a) RESIDENCE NO. Ellicott City Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 1'3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willard D. Walker

6 DATE OF BIRTH (month, day, and year) Apr. 21, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portland Maine

PARENTS

10 NAME OF FATHER Allen Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Johns New Brunswick

12 MAIDEN NAME OF MOTHER Amelia Upton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Portland, Maine

14 Informant Willard D. Walker

(Address) Ellicott City, Md.

15 APR 18 1925 Robert P. Harrison, ..., 19 ...

Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/13/25, 19..., to 4/16/25, 19..., that I last saw her alive on 4/16/25, 19..., and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchial Pneumonia

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portland Maine — DATE OF BURIAL Apr 18 1925

20 UNDERTAKER Harry H. Witzke — ADDRESS 153 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97529

CERTIFICATE OF DEATH.

D 97529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 W. Franklin ST. 20-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Nannie Dorr

(a) RESIDENCE NO. 1917 W. Franklin ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? 74 yrs. 2 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) January-20-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	74	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Tailoring

(c) Name of employer Gerhard & Reed

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Dorr

11 BIRTHPLACE OF FATHER (city or town) Probably in

(State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Hartge

13 BIRTHPLACE OF MOTHER (city or town) Probably in

(State or country) Germany

14 Informant Mrs W. G. Harris (niece)

(Address) 1917 W. Franklin St.

15 Filed APR 18 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 '25

17 I HEREBY CERTIFY, That I attended deceased from July 27 . 19 24 . to April 17 . 19 25

that I last saw h alive on April 15 . 1925

and that death occurred, on the date stated above, at 650 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) yrs. 9 mos 15 ds.

CONTRIBUTORY (Secondary) †

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? †

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Dam

(Signed) F. Van Williams M. D.

, 19 (Address) 601 Carroll Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Apr 20 1925
20 UNDERTAKER	ADDRESS
Stewart & Mowen Co.	108 W. North

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RI
N. B.—WRITE PLAINLY, WITH UNFADING INK—THI
mation should be carefully supplied. AGE shou
CAUSE OF DEATH in plain terms, so that it may
TION is very important. See instructions on back

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 97530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97530

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1601 Young's Court St., 7-1 90 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Alberta Hall

(Residence in Baltimore: No. 1601 Young's Court St., 21 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	col	Widow

6-DATE OF BIRTH. 1880 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
45 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Isaac Osborne

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Elizabeth Galloway

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Enoch Osborne (Bro)

(Address)..... Waterbury Md

15- Filed APR 18 1925 192 Robert P. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 17-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Degeneration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obesity

(Duration) yrs. mos. ds.

(Signed) J S Fallin M. D.
(Coroner)

4-13-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Waterbury Md	April 19 1925
20-UNDERTAKER.	ADDRESS
Robert E. Williams	1515 McCulloh St

D 9753F

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 N. Ellwood Ave St., 7-3 Ward)

Registered No. C 154-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Gambrill

(Residence in Baltimore: No. 517 N. Ellwood Ave St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

8.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Sing

6-DATE OF BIRTH. Apr (Month) 16 (Day) 1925 (Year)

7-AGE. yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Albert F. Gambrill Jr

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Julia Zimmer

13-BIRTHPLACE OF MOTHER. (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. F. Gambrill Jr

(Address) 517 N. Ellwood Ave

15- Filed 192

Robert P. Harrison,
Burial Permit Clerk.

PR 18 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Apr (Month) 17 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Immediate

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Congenital

Heart (Duration) yrs. mos. ds.

(Signed) J. S. Paller M. D.
(Coroner)
192 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn	Apl 18 1925
20-UNDERTAKER.	ADDRESS
Philip Henry	2016 Orleans

MARGIN RESERVED FOR BINDING

CAUTION.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

97532

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97532

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hosp.

CITY OF BALTIMORE: (No. 111 W. Mount ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Leach

(a) RESIDENCE NO. 1006 Mt. Cullough ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3-1881

7 AGE: Years 44 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer (40)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Frank Leach

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Patient himself (Address)

15 Filed APR 18 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1925

17

I HEREBY CERTIFY, That I attended deceased from march 11th, 1925, to april 6th, 1925, that I last saw him alive on april 5th, April, 1925, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

aortic regurgitation - myocarditis degeneration (cardiac)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. L. Szucs, M. D.

, 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS in liquid state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 D 97533

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S Caroline ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas Horsey

(a) RESIDENCE NO. 11 S Caroline ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Appox 42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Packing Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fairmount Preston Co W. Va.

PARENTS

10 NAME OF FATHER Edgar Horsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Johnson

(Address) 11 S Caroline St

15 Robert P. Harrison, Registrar

Burial Permit Clerk.

APR 18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1925

17

I HEREBY CERTIFY, That I attended deceased from April 1 1925, to April 15 1925, that I last saw him alive on April 15 1925, and that death occurred, on the date stated above, at 11 30 A. m.

The CAUSE OF DEATH* was as follows:

~~Pulmonary~~ Gastric ulcer

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) probably Malignancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R [illegible] M. D.

4/16 1925 (Address) 1429 Columbia Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	April 20 1925
20 UNDERTAKER	ADDRESS
Edward Bryon	1631 Orleans st

D 97534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-238

D 97534

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 229 N. Eden St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Goodman

(Residence in Baltimore: No. 229 N. Eden St St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	mar

6-DATE OF BIRTH. unknown 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
36 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 40
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). South carolina

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER, (State or Country). "

12-MAIDEN NAME OF MOTHER. "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address)

15- Filed APR 18 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15-25 192.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphillis

(Duration) yrs. mos. ds.

(Signed) J. S. H. Cullen M. D.
(Coroner)

4-16-25 192.. (Address) 525 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Laurel Cemetery April 16 1925

20-UNDERTAKER. ADDRESS 1631

Edward L. Bryson Orleans St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 97535

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 8 Emerson Holt St.)

CERTIFICATE OF DEATH. × 170 D 97535

2-FULL NAME Harry Yan
(Residence in Baltimore: No. 4-3 Ward) Long Island

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan 10 (Month) (Day), 1884 (Year)

7-AGE, ...yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Mfg. Glass Co.

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Owen Yan

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Emma Whiteley

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Owen Yan

(Address) Philada. 1525 7.16

15-

Filed APR 19 1925 191... ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May Received at 13 St. Apr. (Month) 16 (Day), 1912 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by inhalation of coal gas

Duration (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) C. M. Irving (Coroner.) M. D.

Apr. 17, 1912 (Address) 1625 Race

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place ... In the
of death ...yrs. ...mos. ...ds. State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Philadelphia, Pa. DATE OF BURIAL, 4/14 1912

20-UNDERTAKER E. D. Fanning & Son ADDRESS 1938 Lafayette Ave

Spec.—1-1023—M&T—1500 Blks.

B 97536

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97536

CERTIFICATE OF DEATH.

X 49

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 7-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Chambers

(a) RESIDENCE NO. Marshville N. C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Calvin Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 APR 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 - 1925

17 I HEREBY CERTIFY, That I attended deceased from April 12 - 1925, to April 18 - 1925, that I last saw him alive on April 18 - 1925, and that death occurred, on the date stated above, at 1[illegible] a. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

Mediastinum?

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North Carolina

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic slide [illegible]

(Signed) Doug E. Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marshville N.C.

DATE OF BURIAL: 4/19/25 1925

20 UNDERTAKER: Byron Wright

ADDRESS 128 McElderry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

Dr Sellman, Coroner's Case 25

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97537

CERTIFICATE OF DEATH.

49

B 97537

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 East Federal ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Borchers

(a) RESIDENCE NO. 1813 E. Federal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry J. Borchers

6 DATE OF BIRTH (month, day, and year): Mar 24, 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	—	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Hubner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Selma Fiegler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Harry J. Borchers 1813 E. Federal St

15 APR 19 1925 ROBERT R. KRAMER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 17 1925

17

I HEREBY CERTIFY, That I attended deceased from June 14, 19 24, to April 17th, 19 25,

that I last saw h[illegible] alive on April 17th, 19 25,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

1 Basical Carcinoma

Cancer Hay Operation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. W. Stone M. D.

1 Apr 19 25 (Address) 1407 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — DATE OF BURIAL: Apr 20 1925

20 UNDERTAKER: W. Cook — ADDRESS: 502 E Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AFFIX STAMP

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97538

CERTIFICATE OF DEATH.

D 97538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 162) Norwood Ave ST.; 8-5-11-002 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida A. Kenney

(a) RESIDENCE. NO. 1621 Norwood Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel J. Kenney

6 DATE OF BIRTH (month, day, and year) Jany 7 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	(74 5/12)	0.	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm C.D. Penny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anne Marie Cauffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Daniel J. Kenney
(Address) 1621 Norwood Ave

15 Filed APR 19 1925 19.. Registrar ROBERT A. KRAMER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1925, to April 17 1925, that I last saw h alive on April 17 1925, and that death occurred, on the date stated above, at 4:10 p. m.

The CAUSE OF DEATH* was as follows:

Grip with Endocarditis and Valvular Complication

(duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Coma and Exhaustion

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Robinson, M. D.

, 19 (Address) 717 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	April 20 1925
20 UNDERTAKER	ADDRESS
William Cook	502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 97539

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Fair ST., 20-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin B. Dorsey

(a) RESIDENCE NO. 2110 Fair ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret R.

6 DATE OF BIRTH (month, day, and year) May 15 53

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or..... min.
	71	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rebecca Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Alice E. Dorsey (Address) 2110 Fair St

Filed APR 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3 1925 to April 18 1925

that I last saw him alive on April 17 1925

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Lordy M. D.

4-18 1925 (Address) 421 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL 20 1925

20 UNDERTAKER H. Cook & Son

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97540

CERTIFICATE OF DEATH.

40

REGISTERED NO. D 97540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Fogle

(a) RESIDENCE NO. 210 W. Camden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara B Fogle

6 DATE OF BIRTH (month, day, and year) 1876

7 Age	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	49 yr.	Unknown	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Fogle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Loeinda Cyfer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed APR 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1925

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to April 15, 1925, that I last saw him alive on April 15, 1925, and that death occurred, on the date stated above, at 15:25 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis (degenerative) myocardial failure

(duration) yrs. 3 mos 1 4 (illegible)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Fuller, M. D.

4/16, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL Apr 21 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97541

CERTIFICATE OF DEATH.

6 - 1 | 101-001 | D 97541

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 E. Fairmount Av ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Brock

(a) RESIDENCE No. 1523 E Fairmount Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Female	Colored	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles Brock

6 DATE OF BIRTH (month, day, and year) Mar 15 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	40 yr	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General House work

(b) General nature of Industry, business, or establishment in which employed (or employer) For self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles Brock

(Address) 1523 E Fairmount Av

15 Filed APR 19 1925 ROBERT N. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 17, 1925, that I last saw h alive on April 17th, 1925, and that death occurred, on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Richard E Ensinger M. D.

, 19 (Address) 514 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL 4/20/25

20 UNDERTAKER Robert Wilson — ADDRESS 1515 McElderry St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97542

CERTIFICATE OF DEATH.

101-001 D 97542

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N. Dallas ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Camper

(a) RESIDENCE NO. 626 N. Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel Camper

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	36	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saundress

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. County

12 MAIDEN NAME OF MOTHER Martha Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mary E. Jenkins

(Address) 626 N. Dallas.

15 APR 19 1925 ROBERT R. KRAUTH Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 17, 1925, that I last saw her alive on April 17, 1925, and that death occurred, on the date stated above, at 4a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exa.

(Signed) W. L. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL April 19 25

20 UNDERTAKER Robert E. Williams ADDRESS 1515 N. Eden St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 N. Chester ST.: 8-2 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta J. Maguire

(a) RESIDENCE. No. 1616 N Chester ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Maguire

6 DATE OF BIRTH (month, day, and year) 11/26/1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Shelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs August Baker (Address) 1616 N Chester St

15 Filed APR 19 1925 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 18, 1925, that I last saw her alive on April 18, 1925, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

arterial sclerosis, myocardial degeneration.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Lee Hagness, M. D.

4/18, 1925 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	4/20 1925

20 UNDERTAKER Albert L. Hilty Jr 1606 ADDRESS 1606 N. Chester St

APR 19 1925 ROBERT N. KRAUSE Burial Permit Clerk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97544

CERTIFICATE OF DEATH.

100-001 D 97544

REGISTERED NO.

(If death occufred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 E. Lexington ST., 5-2 WARD)

2-FULL NAME Lee Edward Evans

(a) RESIDENCE No. 1410 E Lexington st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	colrd	Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dent Ingram

6 DATE OF BIRTH (month, day, and year) Unknown 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edward Evans Jr. (Address) 1410 E Lexington Street

15 Filed APR 19 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16-25 19

17

I HEREBY CERTIFY, That I attended deceased from 4-11-25 19 to 4-16-25 19

that I last saw h— alive on 4-16-25 19

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

19 (Address) 425 N. Caroline Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL April 19 1925

20 UNDERTAKER Mrs R. A. Elliott

ADDRESS 1725 Washington

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

97545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D-97545

1-PLACE OF DEATH

City of BALTIMORE: (No. 2554 Washington Blvd St., 23 Ward) Registered No. 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Siebelein

(a) Residence No. 2554 Washington Blvd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (write which) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 28th 1925

7-AGE, ... yrs. 1 mos. 3 days. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS.

10-NAME OF FATHER Geo. F. Siebelein Sr

11-BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12-MAIDEN NAME OF MOTHER Agnes M. Penning

13-BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14- (Informant) Geo. F. Siebelein

(Address) 2554 Washington Blvd

15- Filed APR 19 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 18 25

17- I HEREBY CERTIFY, That I attended deceased from April 12 19 25 to April 18 19 25

that I last saw her alive on April 18 19 25

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. F. McKeffer M. D.

April 19 19 25 (Address) 23 20 Madison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Park	April 20 19 25
20-UNDERTAKER.	ADDRESS
H. B. Wagner 1850	Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97546

CERTIFICATE OF DEATH.

101-001

D 97546

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S Stricker ST., 19-1 WARD)

2-FULL NAME Nathan O Warfield

(a) RESIDENCE No. 306 S Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V Warfield

6 DATE OF BIRTH (month, day, and year) Dec 7th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. Station man

(b) General nature of industry, business, or establishment in which employed (or employer) Power Dept

(c) Name of employer United Ry. & Elect. Co

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Azel Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Eliza Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant Laura V. Warfield

(Address) 306 S Stricker

15 APR 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 13. 1925. to April 18. 1925. that I last saw him alive on April 17. 1925. and that death occurred, on the date stated above, at 2406 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) C E Buxton, M. D.

4/18. 1925 (Address) 301 Eloise St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Co Morgan Chapel Md — DATE OF BURIAL 4-21-1925

20 UNDERTAKER Robert Brooks & Son — ADDRESS Carlton Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

D 97547

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1218 St. Mathew ST. 2nd WARD)

2-FULL NAME Harry Feldman

(a) RESIDENCE. No. 1218 St. Mathew ST. 5th WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) (I) know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 810

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Simon Feldman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Fooks.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant H. Feldman
(Address) 1245 St Matthews St

APR 19 1925 ROBERT A. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19. 1925

17 I HEREBY CERTIFY, That I attended deceased from 4.16. 1925, to 4-16- 1925, that I last saw him alive on 4-16- 1925, and that death occurred, on the date stated above, at 3 6. m.

The CAUSE OF DEATH* was as follows:

Pulm. Tuberculosis advanced-

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Joshua E. Ratoff M. D.

4/19. 1925 (Address) 116 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Soredale.	April 19 1925
20 UNDERTAKER S. Levner & Bro.	ADDRESS 1107 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Gertrude Buczkowski.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97548 | CERTIFICATE OF DEATH. | 101-001 | D 97548

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 Bond ST., V-2 WARD)

2-FULL NAME Gertrude Buczkowski

(a) RESIDENCE NO. 93[illegible] N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 30 1924

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Of no

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Gustav Buczkowski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Julia Pruszenska

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Victor Buczkowski Father
(Address) 837 N. Bond St.

15 Filed APR 19 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/18 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/15, 1925, to 4/17, 1925,

that I last saw h[illegible] alive on 4/17, 1925,

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Heart failure & exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms & gross findings

(Signed) Jay H. Carlough, M. D.

1925 (Address) 1625 N. Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus

DATE OF BURIAL: Apr 20, 1925

20 UNDERTAKER: H. T. Sadowski

ADDRESS: 905 S. Ann

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97549

CERTIFICATE OF DEATH.

100-001 D 97549

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John ~~H.~~ Mann McMahon

(a) RESIDENCE NO. 512 Wyeth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May ~~Mc~~ Mann

6 DATE OF BIRTH (month, day, and year) April 21, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soda dispenser

(b) General nature of industry, business, or establishment in which employed (or employer) Soda fountain

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos ~~Mc~~ McMahon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ida Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) May McMahon 512 Wyeth St.

15 Filed APR 19 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 16, 1925, that I last saw him alive on April 16, 1925, and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Status epilepticus

(following epileptic seizure for past 30 months)

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) A. H. Rytina M. D.

, 19 (Address) 330 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL Apl 20 1925

20 UNDERTAKER Foley & Leonard Bros

ADDRESS 901 Hollins St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97550

CERTIFICATE OF DEATH.

164 D 97550

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 746 W Lexington St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Gottlieb Talbert

(a) Residence No..... 746 W. Lexington St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND ~~or (of) WIFE~~ Mary Wilhelmina

6-DATE OF BIRTH (month, day and year) March 18, 1836

7-AGE, 89 yrs. — mos. 30 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer..... None

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town)..... ? (State or Country),

14-

(Informant) Herbert F. Kuenne

(Address) 4214 Fernhill Ave

15- Filed APR 19 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17 1925

17- I HEREBY CERTIFY, That I attended deceased from April 16 1925 to April 17 1925

that I last saw h— alive on April 16 1925

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

General debility

old age

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(Duration) — yrs. — mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo W Kemmler, M. D.

4/18, 1925 (Address) 3001 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF ~~BURIAL~~, CREMATION OR REMOVAL, Druid Hill Ave

DATE OF BURIAL, April 20 1925

20-UNDERTAKER, C. Heimann

ADDRESS 324 Broadway

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97551

CERTIFICATE OF DEATH.

146 D 97551

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital Ward) Registered No.

2-FULL NAME Mrs. Mamie Hogan

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Lake Montebello, Baltimore, Md. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND or WIFE of Wm Hogan

6-DATE OF BIRTH (month, day and year) May 15 1893

7-AGE. 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Marie Hagen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) William Hagen

(Address) Lake Montebello. Balt.

15- Filed APR 19 1925 ROBERT N. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 16, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 13, 1925 to April 16, 1925

that I last saw her alive on April 16, 1925

and that death occurred, on the date stated above, at 10½ m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 1 ds. 2

18-Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings.

(Signed) B. M. Rodes, M. D.

Apr. 16 1925 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Parkwood Cemetery — DATE OF BURIAL, 4/20 1925

20-UNDERTAKER, George J. Ruth — ADDRESS 1735 Harford Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-8-21—M&T—1500 Bks.

1795-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97552

CERTIFICATE OF DEATH.

179

REGISTERED NO. D 97552

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL. ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Mc Geeney

(a) RESIDENCE No. 1808 N Montford Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert E. McGeeney

6 DATE OF BIRTH (month, day, and year): Unknown 1870

7 AGE: Years 54 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engraved Supply

(b) General nature of industry, business, or establishment in which employed (or employer): Room 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ill.

PARENTS

10 NAME OF FATHER: Court Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ill

12 MAIDEN NAME OF MOTHER: Fannie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed APR 19 1925

KUBERT R. KRAUTER

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18 1925

17

I HEREBY CERTIFY, That I attended deceased from March 19 — , 1925 . to April 18 , 1925 .

that I last saw her alive on April 18 , 1925 .

and that death occurred, on the date stated above, at 1:20 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic myocarditis,

Myocardial insufficiency

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Chronic nephritis

(duration) — yrs. 6 mos. 14 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Test for albumin & casts

(Signed) Trevor Owen, M. D.

19 25 (Address) Johns Hopkins Hospital Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 4/24 1925

20 UNDERTAKER: Chas. P. Crane & Son

ADDRESS: 118 N. Howard Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97553 89 D 97553

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 W. Mosher ST. 14-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward T. Meek

(a) RESIDENCE No. 142 W. Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 30 - 1857

7 AGE — Years: 67 — Months: 3 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Malt + Hop

(b) General nature of industry, business, or establishment in which employed (or employer): Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Louisville Ky

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Jos. Urbanski

(Address) 237 S. Wolfe St.

15 APR 19 1925 Registrar

ROBERT A. KEE

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 3, 1925, to April 18, 1925, that I last saw him alive on April 17, 1925, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Arteriosclerosis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual ones

(Signed) J. J. Kiely, M. D.

April 18, 1925 (Address) 1106 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenwood Cem. Wash D.C. — DATE OF BURIAL: 4/21/25

20 UNDERTAKER: Chas R. Brandt Son — ADDRESS: 118 W. Mt. Royal Ave

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97554

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 15-13 WARD)

2-FULL NAME Mrs. Carie Silverman

(a) RESIDENCE NO. 1913 N. Monroe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Aaron Silverman

6 DATE OF BIRTH (month, day, and year) [illegible] 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hershel Buchner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital (Address)

15 APR 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/18 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/12, 1925, to 4/18, 1925, that I last saw h[illegible] alive on 4/18, 1925, and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

↑ 3 months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis Diabetes Mellitus Infected finger

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes. Date of 4/13/25.

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical evidence

(Signed) Jos. M. Frenchey, M. D.

4/16, 1925 (Address) Hebrew Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. DATE OF BURIAL 4/19 1925

20 UNDERTAKER Jack Levis ADDRESS 1429 E Balt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97555

CERTIFICATE OF DEATH.

15-3

D 97555

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 3434 Parn Heights ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jannie Sapero

(a) Residence No. 3434 Parn Heights ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph J Sapero

6-DATE OF BIRTH (month, day and year) January 1868

7-AGE. 57 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Russia
(State or Country),

PARENTS.

10-NAME OF FATHER, Nachan Lutzky

11-BIRTHPLACE OF FATHER (city or town)..... Russia
(State or Country),

12-MAIDEN NAME OF MOTHER, Sarah Eisenberg

13-BIRTHPLACE OF MOTHER (city or town)..... Russia
(State or Country),

14- (Informant)..... Ralph J. Sapero

(Address) 3434 Parn Heights ave

15- Filed APR 19 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr-18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov-10, 1918, to Apr-18, 1925, that I last saw h alive on Apr 17, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis &
Endocarditis

(Duration) ....yrs. ....ds.

CONTRIBUTORY (Secondary) Diabetes mellitus &
Chr Nephritis & Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Criteria

(Signed) Dan Francheim, M. D.

4/18, 1925 (Address) 122 W Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Arlington, Wash. Road	4-19, 1925
20-UNDERTAKER.	ADDRESS.
Jack Lewis,	1439 E. Pratt

EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be carefully supplied.